THE

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

Vol. VI. CHICAGO, MAY 1, 1886. No. 18.

ORIGINAL LECTURES.

THE DEMAND FOR MEDICALLY-EDUCATED WOMEN.

The Doctorate Address delivered at the Commencement Exercises of the Woman's Medical College of Chicago, April 6, 1886.

BY D. W. GRAHAM, M.D.,

PROFESSOR OF SURGERY IN THE WOMAN'S MEDICAL COLLEGE, OF CHICAGO, ILL.

Two years ago, at the graduating exercises of this college, our worthy President, Dr. Byford, made an address in which he entered a strong and convincing plea for the fitness and capacity of women as practitioners of medicine. He also pointed out how the changing conditions of our social fabric are constantly increasing the number of women who may and ought, for their own sakes to enter the medical profession.

These considerations were made from what we may call the subjective standpoint—having reference largely to the interests and qualifications of individuals as candidates, or as possible candidates, for the honors and responsibilities of medical practitioners.

But there is an objective side to the question of the medical education of women—having reference to the objects and aims of medical science and its place and power as one of the factors of civilized society. Accepting it, then, as proved by argument and demonstrated by experience that women may and ought to enter the domain of medicine, we may ask what is the nature and scope of that domain? Is there in it a demand for her services, and what are the promises and opportunities for work and usefulness? Medicine means very much more in these latter days than healing the sick and attending to their immediate wants. It had its origin in the simple desire to relieve human suffering, and for a long time was synonymous with the "healing art." But it has grown in scope and power with the ages, and it is especially within the last few decades that medical science has taken on new duties and new life, until it stands to-day for the physical and moral perfection of the human race. A recent writer (Dr. A. L. Gihon) says: It embraces all that relates to the existence of man; his place in nature; his origin, development and growth; his preservation and continuance,—the prevention and cure of disease being but a part thereof.

Another writer (Sir Henry Acland) says: Whatever be the duty of individuals, medical art and science collectively now aim as a whole, 1st. At the preservation of health. 2d. At the averting of disease from individuals and from nations. 3d. At rearing healthy progeny for the family and the State by probing the laws of inheritance, and 4th. Procuring legislation effectual to these ends. It claims, therefore, a voice in moral education as well as physical training; it holds a duty in relation to the diminution of vice for the sake not only of its self-destroying victims, but more for the sake of the innocents whom they ignorantly slay.

It is often claimed for the medical profession, both by its own members and others, that its chief glory is its charity. But its greater glory is the record of its effort and its interest in the prevention of disease. The brightest page of its history, and that which covers a multitude of its sins, is that in which it recognizes that the preservation of human health is a privilege and an obligation no less sacred than the restoration of health.

The medical profession, as a constituent class of the community, has no more interest in preventing or mitigating the ravages of epidemics, or the spread of communicable diseases, or in analyzing and studying the conditions of our individual and associated environment to discover which promote health and which give rise to disease, than has any other class. And as practicing physicians, all their efforts in this direction would be suicidal from a business point of view, and in every way detrimental to their own best interests, if they are to be measured by the standard of the average judgment of the public and the public press.

Yet we find that the members of the medical profession are almost the only members of society who have an active and an abiding interest in preventive medicine. They almost stand alone as contributors to the sum of knowledge which makes up sanitary science.

They are always the leaders and the most zealous workers in those organizations whose objects are to teach and to preach hygiene and health to the community, or to prepare the way for and urge correct sanitary legislation. It is difficult for the public to realize or to estimate rightly the value of what has been accomplished for humanity in this direction.

The devastating epidemics of former generations have been suppressed, and their ravages mitigated. It is possible to eradicate such a disease as small-pox

entirely from the earth if every man, woman and child were treated in accordance with the established facts of vaccination.

The list of preventible disease is constantly increasing and the means and methods of preventing them are being better understood. We know better than ever before, as individuals what to do, where to go and how to act, that we may avoid disease and preserve health.

But the work in this broad field has only just begun. It is along this line that medical science is yet to win its best victories. New facts are to be discovered, new principles established, new problems solved and new methods elaborated. But in order to make these facts and discoveries available and effective, a knowledge of them must be diffused among the people and if the sanitary science of the future is to demand of the law maker such laws as will give the people the three pure requisites—pure air, pure water, and pure food—to quote a prominent sanitary writer, then that law maker must be one who knows what constitutes purity and something of the best methods of securing it.

Medical science has both a duty and a privilege in relation to the defective and the helpless classes of society. Together these form a considerable percentage of the population. One of the marks of civilization, and, at the same time an index of the degree thereof, is the care bestowed on these unfortunate classes. In barbarous tribes they are either killed outright or conveniently allowed to die, in the same way, and for the same reason that the female children are disposed of—they eat but cannot fight, and hence are an incumbrance to be got rid of. The deaf and dumb, the blind, and the feeble-minded have claims and rights which civilized communities recognize. They have not only a right to live, but a right to a higher life than simple animal existence. They have a right to be made useful—a right to that kind of treatment and training which will compensate as far as may be for their natural defects. It belongs to medical science to discover the underlying physiological and pathological conditions of these defects, and to point out and apply the most effectual methods of securing the desired results. It is to the honor and the credit of the medical profession that they have ever been foremost in this truly philanthropic work.

Then, of what are called the helpless classes, take, for example, the incurable insane—a large and an increasing class. Society does not come up to the full measure of its duty towards these unfortunates. In many communities they are treated less humanely and with less consideration than if they were criminals. Right here, in our own city, enough facts could be collected in twenty-four hours by anyone which, if plainly stated, would be a revelation to nine-tenths of our citizens, and a cause of shame to us all. And, if we consider the facts as they exist, especially in relation to the pauper insane, throughout the whole country, it would be a dark page of our boasted civilization. The medical profession are largely responsible for this state of things, knowing their duty and doing it not. They have a right, by virtue of their knowledge and their calling, to insist upon and demand better laws, better management, and better public provision for the chronic insane.

Again, there are great problems concerning the criminal class which no one is so well qualified to study and solve as the medically-educated man or woman. It is questionable whether the prevailing methods of dealing with criminals do not cause more crime than they prevent. Formerly much more than now, but even now, the spirit of our criminal laws and the method of enforcing their penalties is largely the spirit of retaliation. It is a well-recognized fact that some individuals are born with moral defects as others are born with physical defects. The actions of a man who is born blind or is color blind are judged of differently from those of other people. Should a man who has analagous congenital moral defects be judged as other men are judged? In China, when a man has committed a capital crime, a minute inquiry is first made into his physical condition, his temperament, his mental complexion, his prior acts; nor does the investigation stop at the individual—it is concerned with the most inconsiderable antecedents of the members of his family, and is even carried back to his ancestry. While the Japanese laws, it is said, include the parents of the criminal in the punishment (Ribot, "Heredity").

Then there are moral defects and deformities due to the education and environments of the plastic period of youth, just as there are acquired physical deformities. For instance, take the foot of the the Chinese woman, which has been arrested in its growth and distorted into an unrecognizable mass by the systematic *training* applied to it from youth up. We do not expect such a person to walk with the same ease and grace and equilibrium as one whose feet have normal power and development. Why, then, should we expect one whose mental and moral faculties have been similarly stunted and distorted to have the same rectitude of purpose and conduct as one whose faculties have been trained into full and normal development.

When facts like these are fully developed and recognized, our management of criminals will be more discriminating, more rational, and more productive of results, and while not holding the criminal guiltless of his crime, our laws will take cognizance of the fact that there is guilt somewhere outside of the individual himself, and a corresponding responsibility.

Then there are the facts and the laws of heredity, as yet almost an unknown quantity. What are they and what is their import? How and to what extent may a knowledge of them be made available for the benefit of the race or the individual? What do we get by inheritance from our ancestors in physical characteristics, in intellectual traits, in moral tendencies. It is an established fact, as an authority (Ribot) says, that heredity tends to transmit to the descendants the whole nature of their parents, as well every physical, mental, and moral deterioration, as every physical, mental and moral ameliora-

tion. But we know little about the laws of inheritance, and still less about how they may be utilized. These are great questions, and have an important bearing on all that pertains to human progress. They especially concern the physician in his efforts to prevent and control disease, and their study and solution are peculiarly within the domain of medicine.

Medical science also claims the right to speak in all matters of education—not only to advise and supervise, but to dictate. Here, if anywhere, medicine should exercise the right of eminent domain. Education and heredity are correlative factors. Together they determine whether the individual shall be good or bad—a useful or dangerous member of society. No educational theory is correct unless these facts are duly recognized.

It is only within recent years that physical training has anywhere received proper practical recognition as one of the elements of a complete education. More generally it is practically ignored, or assigned a very subordinate place in our educational institutions. More especially has this feature been neglected in the education of our girls. But there is evidence of a growing interest in this direction. An association of National character has for one of its chief objects the promotion of the physical education of women. In a recent report they realize that the physical status of American women of the educated class is painfully low, and urge measures against this dangerous deterioration of physique.

In all these directions I have pointed out, and in many others of a similar nature, there is a positive demand for the services of the medically-educated woman. Here are opportunities enough and scope enough for all shades of tastes and all degrees of talent. Women are peculiarly adapted for much of this kind of work. The thousands of women of our land without occupation, with physical and mental capacity for a long life of usefulness, with noble and philanthropic aspirations, will find in these fields abundant work which will yield the most beneficent and tangible results.

A medical education is not a pre-requisite for all those who may devote themselves to these lines of work and study, but more or less knowledge of medical science and its fruits is necessary for all. But there is no better preparation for and no better stimulus to pursue such an occupation than a thorough medical education. Even as a means of individual education the study of medicine, I believe, ought to have a place for the women who expect to spend their lives in the relations of home and family exclusively. With some modifications a three years' study of medicine would be of more benefit to any woman in the way of mental discipline, combined with acquisition of useful knowledge, than a three years' course of study in most of our popular seminaries. The purely ornamental in the education of women, I think all will agree, has been overdone. A young architect once presented a specimen of his work to his senior for criticism. The criticism was the injunction: "Ornament construction instead of constructing ornament." There is much in refined society that reminds one of this criticism, so out of proportion are the simply ornamental accomplishments. But it will continue to be as heretofore, that the great majority of those who study medicine will expect to practice medicine.

We hear much in these days about the overcrowded condition of the medical profession. It is a favorite theme of discourse both in public and private and on many occasions. It may be fairly doubted, however, whether these complaints are just and in accordance with the facts when we look at the question in comparison with other professions and occupations where special and superior knowledge and training are required. They are all crowded, and probably in about the same degree. Inquiry will show no vacant place, no encouragement for the new recruit, the supply being already greater than the demand in all of them. Close and never-failing competition is the rule in all trades and professions. The young woman, as the young man, looking for an occupation, who accepts the surface indications of supply and demand, will never find a place that is not preëmpted and occupied, and may just as well surrender before beginning the battle. It is often stated that the ratio of practicing physicians to the population is steadily increasing, and that there are more physicians to a given number of people in this country than any other. Both of these statements are probably correct, but they prove nothing against the claim I am now making, viz.: that the medical profession is relatively not more crowded than other lines of desirable and useful occupations. Moreover, the purely numerical standard is misleading. There are other factors that enter into the question which it is not necessary to point out here.

And while it would probably be difficult to find any community in this country where there is an apparent need of more physicians, and while it is true, as is claimed, that the standard of requirement for admission to the ranks of the profession is not as high as the present conditions of things demand, yet when all is said and everything admitted, it still remains a fact that to-day the practice of medicine in this country offers as good prospects and opportunities to the man or woman of average intellectual capacity and good training as can be found anywhere, both for earning a good living and for a life of the highest usefulness. There is room and even demand for the thoroughly earnest, well educated medical woman in almost all parts of our country. But it is outside of our own country that the American medical woman will find the great opportunities and an unlimited demand for her services as a practitioner of medicine.

The oriental countries contain about 800 millions of people—fully one-half of the population of the globe. The low estate of the women of these countries has been portrayed many times. The story of their physical, mental and moral condition sounds to us like a fable. A writer says:[1] The women of America do not generally understand how degraded their oriental sisters are; and even travellers who have the very best opportunities for observation cannot appreciate their real condition. If we except

[1] Houghton: Women of the Orient.

Japan, it may be truthfully said that throughout the Orient a girl is regarded by the entire household both as an intrusion and a calamity, and the prevailing estimate of the female sex is most degrading and brutish. In Mohammedan countries at least, a man makes a profound apology whenever he deems it necessary to speak to another man of either a dog, a hog, a donkey or a woman. The Japanese, although more liberal in their treatment of woman than other Eastern nations, habitually look upon her as a portion of creation whose only use is to perpetuate her species and minister to man's pleasure and comfort. Practically she is recognized only as a slave, and whether in the palace of a prince or the hut of a beggar she is systematically condemned to moral and physical degradation, In China, also, the idea that woman exists only for the convenience of man, and scarcely shares the same nature, is thoroughly fixed in the national mind; while with the Hindoos, both by sacred law and custom, she is consigned to a degradation which is without a parallel in the history of our race. In every particular the Eastern idea of woman is debasing and unworthy.

While this state of things is well known in a general way by all Christendom, yet I think there are very few who actually realize that this is not an exaggerated picture of the condition of more than half the women of the whole world. The science of medicine as we know it has no existence among the oriental people. They have no knowledge of the structure or functions of the human body nor of the true nature of disease. "Charms, superstitious rites, barbarous treatment, vile medicine and foolish religious ceremonies are the unavoidable accessories of the sick room, and frequently induce a fatal termination which nature, if left to herself, would have averted." In all except the few localities where European civilization has penetrated they are practically without medical treatment. And the women are deprived of even these slight advantages owing to the seclusion which the inflexible religious and social customs impose. So that educated female physicians can find in this vast region a special field for their services, where there is no competition and the demand is greater than the supply. Experience shows that the direct benefits to these women of rational medical treatment are incalculable. But it is as pioneers and forerunners of a Christian civilization that these medical women are to carry the greatest blessings to their degraded sisters. A great responsibility is upon the women of America. The opportunities and the possibilities are infinite.

Speaking now more directly to the graduating class, I extend to you in the name of the Faculty a cordial welcome to the ranks of the medical profession. You have passed the arbitrary line which technically separates the student from the physician. You will realize that in one sense this line is only an imaginary one, such as astronomers use for the purposes of reckoning. But still to all who pass that line, as you do to-day, there come new privileges and new duties. If you would enjoy the one you must fulfil the other. If you would catch the spirit of duty you must align yourself with the true workers and representatives of the profession. General Sherman in his memoirs makes the observation that the rear of an army in action is not the place from which to judge of success at the front. On approaching from the rear one would conclude that defeat and disaster had overtaken the whole army, while at the front there would be nothing but victory.

So it is in the medical profession. The truly representative members, those who work and win the victories for medical science and humanity, are like the stalwarts in the front of the army who in their strength and prowess are steadily and surely advancing and rejoicing in their triumphs; and also, like the fighting part of the army, they are mostly out of sight of the public eye and out of hearing of the public ear. But in the rear are the laggards, the croakers, the cowards, the spoil-seekers and the prophets of evil. These seek and obtain the public ear; and hence it is that the public so often fail to discriminate between, for instance, the spoil-seekers or the croakers and the honest and faithful workers. Hence it is, also, that so often in our current literature and the public press the medical character is a weakling or a medical monstrosity, and that the spirit and status of the rear of the medical army are reflected rather than those of the front.

The most comprehensive advice I can give you to-day as new recruits is to face to the front and place yourself immediately in the ranks side by side with the faithful veterans. Thus you will never be troubled about individual duty, and need give yourselves no concern about the rewards and honors, for these will come spontaneously.

Accepting the badge of admission to the medical profession as you do to-day intrusts you with a share of responsibility for the honor and good name of the profession, and implies a tacit acceptance by you of this trust. The temptations for the physician to violate this trust, to turn aside into devious ways for selfish ends, to subordinate the professional to the trade spirit, and to make commerce of the sacred relation of physician and patient, are many, and not a few find them irresistible. The condition and fate of such are somewhat as when centuries ago, in one of the Netherland provinces, a free woman who intermarried with a slave condemned herself and offspring to perpetual bondage and disgrace. But she had an alternative. She was girt about with a sword and a distaff. Choosing the one she was to strike her husband dead; choosing the other she adopted the symbol of slavery and became a chattel for life.

OVARIAN EPILEPSY; FOUR CASES.

A Clinical Lecture delivered in the Gynecological Clinic of the Medical College of Ohio,

BY C. D. PALMER, M.D.,

PROFESSOR OF GYNECOLOGY IN THE COLLEGE.

The first case to-day, gentlemen, is that of Mrs. Mary C., aged 29 years. She has been married nine years, and has had two children, the youngest being now four years old. The patient is a bleacher in a laundry, in which she has worked for eighteen months.

Her occupation requires her to remain standing while at work.

She has been having fainting spells once a day, more severe at the menstrual epochs. These fainting spells came on after she began work in her present position. The menstrual flow occurs once a month, and lasts two days. She has backache and is constipated. The left ovary is prolapsed, and there is slight retro-version and congestion of the uterus.

The diagnosis in this case is epilepsy, *petit mal*, occurring more frequently at the menstrual periods, and aggravated by the patient's occupation. She has been under treatment for three months, on pil. podophyllin for the constipated condition, and bromide of potassium for the epilepsy. Under this treatment there has been marked improvement.

The second case is that of Mrs. A. K., a widow, aged 43, who has had one child. Her menstrual flow is regular, lasting four or five days. It is not accompanied by pain, and is rather scant. There is a condition of slight leucorrhœa, and she complains of backache and constipation. She has had periodical attacks of unconsciousness and convulsions at the menstrual period for eight years, especially during the past two years. Occasionally, say each third time, the attacks intermit; but sometimes she has attacks in the intervals.

Physical examination shows that the uterus is low, slightly retroverted, and congested. There is no laceration of the cervix.

The malady was diagnosticated as menstrual epilepsy, and on treatment with bromide of potassium, three times a day, and Hunyadi Janos water or rhubarb for the condition of the bowels, she has improved in general health.

The third case is that of Miss A., 15 years of age, who was admitted to the Hospital on September 1, 1885. She has had epileptic attacks for the past fifteen months. She has not menstruated, but it is probable that ovulation has taken place. The attacks come on regularly once every month. You can see that she is small and but illy developed. Like the other patients shown you to-day, she is very constipated.

On the diagnosis of ovarian epilepsy she will be put on bromide of potassium, gr. xv three times a day, and pil. podophyllin. It is necessary that she have good food, exercise, moral and mental training, and vegetable and chalybeate tonics. We give bromide of potassium to this class of patients because it has a sedative influence on the nervous system, and on the sexual organs at the menstrual period. This patient should have physical employment, not severe, and should get out into the fresh air every day. We may say that the diagnosis in this case is favorable for cure. It is probable that the uterus of this patient is as ill-developed as her body, and her menses will probably come on later. It is one of the cases in which mothers resort to hip-baths, hellebore, savin, rue, etc., a very pernicious method of treatment. We may as well try to get a girl five or six years old to menstruate. The salient features of the case are that the girl has had attacks every four weeks, probably at the time of ovulation. Why does she have epilepsy? Probably she has no organic disease of the nervous system, and if brought to view probably no structural changes could be found. There is probably some defect in the hemispheres; she has a very mobile nervous system.

When examined on December 7, three months after admission, she had had no attack for three months. Previous to this the last two attacks were two months apart, but occurred at the time of her menses. On December 25 she began to celebrate Christmas in the usual manner, with candy, nuts, etc., and contracted a cold. On the next day she had an attack, the first for sixteen weeks. She has been under treatment now for five months and a half, on the bromide of potassium, and has had no attack since the one at Christmas. This treatment will be continued for a year or two, even if there be no recurrence of the attacks, simply as a preventive measure. As shown by her experience at Christmas, errors in diet may render futile all the good accomplished by months of treatment.

The fourth case is that of Miss L., of American parentage, unmarried, 27 years old. She entered the Clinic in the spring of 1883, and stated that for nine years previously, that is, since the first appearance of the menses, she has suffered from epileptiform attacks. They usually occurred in the day time, seldom at night, and were accompanied by loss of consciousness. Prodromata were always present, in the form of headache, general nervousness, and pain in the left ovarian region and the left arm; all aggravated by errors in diet. After their first appearance the menses ceased, but the attacks occurred monthly, and she was never regular in menstruating until the year before she was admitted to the Clinic. For a short time, too, she had intermenstrual attacks.

On admission her general health was fairly good, the menses regular, of normal quantity, and lasting four days, though there was some dysmenorrhœa. Physical examination showed nothing markedly abnormal, except tenderness in the posterior lip and the left ovarian region.

On the diagnosis of *petit mal* of ovarian origin, she was put on regulated diet, with Fowler's solution for the stomach trouble, and a teaspoonful three times a day of a solution of bromide of potassium (℥ss—water ℥ij). Tincture of iodine was applied locally in the ovarian region, and later the emplastrum cantharidis over the ovaries a few days before the time for menstruation. This treatment was continued for a considerable length of time with very marked improvement. Up to April 19, 1885, she had had four attacks; on April 25 she had another; and three more by May 24. On May 31, 1884, it was noted that she had had only two attacks since Christmas. She attended the Clinic irregularly, but bought the bromide by the pound and took it regularly at home. In the autumn of 1885 she began to take gr. xxx dissolved in half a glass of water three times a day.

In this case improvement followed almost immediately on the commencement of treatment, that is, within six or seven weeks. Treatment was then sus-

pended and the attacks recurred. It was renewed, and the attacks became much less severe, and diminished to two in a month. It does not at all follow that there is much local pelvic disease to produce this form of epilepsy. In some cases the attacks occur only at certain menstrual periods at first, and after a few years they come on more frequently and with more severity, and between the menstrual periods. This often occurs in patients who are irregular in menstruating. It is difficult to say just what pathological lesions are present in these cases. Many of these cases occur in persons who are illy developed as regards their nervous systems. They need improved hygienic surroundings, good food, and evenness of life. They should not be idle, but the occupation should not be arduous. If young, great attention should be given to proper schooling of the mind, so that it may be better developed, when it is less liable to disturbances. Mental shock, moral disturbances, indigestion, worms, ovulation, etc., may disturb the nervous system sufficiently to cause these attacks. It is probable that this patient masturbates. Patients who have migraine often escape epilepsy, and *vice versa*. If you can carry the patient over one attack it is a great gain for the nervous system, as every attack weakens, and increases the liability to others. Finally, for these cases the ovaries may be removed, but this should be done only as a *dernier ressort*.

ORIGINAL ARTICLES.

BORACINE.

BY W. THORNTON PARKER, M.D.,
OF NEWPORT, R. I.

The earliest of medical writers knew of the antiseptic qualities of boric acid, and its healing and purifying properties have been recognized for centuries. It has been recommended for use in solution, in powder and in ointment for the treatment of wounds, burns, and sores of all kinds, and yet when the dangerous properties of carbolic acid, iodoform, and the bichloride solution had been proved over and over again, and no satisfactory substitute discovered, borax still remained in great obscurity. Although its value was known so well, yet it was not considered worthy of rank as an antiseptic, and few believed that it posessed germicide properties.

The writer first became interested in the subject of antiseptics while attending the surgical clinics of Prof. Lister, in Edinburgh, in 1870, and subsequently in the Continental hospitals opportunities were afforded for witnessing the effects of carbolic acid, salicylic acid, iodoform, bichloride solution, etc. In the hospitals of Bonn, Leipzig, Vienna, Freiburg, Tübingen, Munich, Heidelberg, Würzburg, Paris, London and Dublin, I watched the development of the antiseptic method for surgery which Lister had so brilliantly brought forward. Each hospital had its individual procedure for the protection of wounds. The Charing Cross Hospital, London, in 1882, had developed the value of boric acid in combination with glycerine, and since that time to the present the writer has found no preparation more satisfactory for antiseptic purposes than that now manufactured by Theodore Metcalf & Co., of Boston, viz.: boracine.

Boracine is composed of boric acid, glycerine, menthyl salicylate, menthol, thymol and eucalyptol. For surgical purposes it is best prescribed in solution, one part of boracine to twenty or thirty of water. It can be used, however, from 10 per cent. to 50 per cent. in strength as may be indicated. Under its use wounds of all kinds heal as rapidly and as satisfactorily as under carbolic acid dressings; but with boracine there is no danger from poisoning, and the wound and the surrounding tissues are not inflamed or injured. It is, in fact, entirely innocuous when applied to a wounded surface. For minor surgery it is useful as an ointment combined with cosmoline, vaseline, or lanolin, the new basis for ointments.

℞ Boracine..... ℥iss.
Ad ps..... ℥ij.
Lanolin..... ℥iv.
M.

Boracine is useful as an application in chronic otorrhœa, in diseases of the nasal passages, chronic catarrh, etc., and for diseases of the rectum. I have found it very useful as an application for chronic cases of pruritus ani, as well as in general cases of prurigo. In such cases it will often afford perfect relief where other remedies have failed. For the treatment of ulcers of the leg nothing could be more satisfactory. It should be used as a thick paste completely covering the sore. I direct the patient to carefully and thoroughly wash the ulcer and the surrounding skin with the best Castile soap, then apply the pure boracine, and then to bandage the leg with the solid rubber bandage.

For injection in cystitis it is to be highly recommended. For use in diseases of the eye it is excellent. For the treatment of diphtheria in 25 per cent. solution for the steam atomizer I have found it excellent, and altogether preferable to any other preparation known to me. For an injection in the puerperal state nothing could be better than a 25 per cent. solution of boracine. This can be used with safety, while other preparations like carbolic acid have often proved injurious and even dangerous. In gynecology it is especially useful in solution as an injection for leucorrhœa, vaginitis, etc. It is an excellent application for ulcerated cervix, spread thickly on the diseased surface. It can also be spread on absorbent cotton and introduced and applied in that manner. After considerable experience with the various preparations used for local treatment in these disorders, I find none yielding such satisfactory results as the boracine. The cleanliness and the gentleness of this remedy, and the steady improvement resulting from its use, will be very satisfactory to both patient and physician.

Messrs. Metcalf & Co. have, at my suggestion, made vaginal and rectal suppositories of boracine in combination with gelatin, and pencils of the same for intra-uterine and other uses. These contain 25 per cent. of boracine. The suppositories are of three sizes—Nos. 1, 2, 3. No. 1, the smaller, is a useful suppository in various rectal disorders, particularly

in piles, and I have also used them with great success in the treatment of "thread-worms." No. 2 is of medium size, and can be used either for the rectum or for the vagina. Where a larger amount of boracine is required, in cases of chronic leucorrhœa, vaginitis, or uterine disease, No. 3 suppository is indicated. The larger suppositories should not be used more than three nights in succession, and experience has taught me that the best results are obtained usually by using them every other night.

In chronic eczema of the scalp I have found the action of boracine remarkably good. Cases which have refused to improve under ordinary treatment respond quickly to the use of boracine ointment. I direct the head to be shaved and carefully washed with Castile soap, and boracine ointment, 15 to 20 per cent., applied. The washing with Castile soap and careful drying is to be attended to night and morning, and then the ointment is applied with the most satisfactory results. In many obstinate diseases of the skin boracine will be found very valuable.

So many new antiseptics have come into notice of late that boracine will be viewed with some doubt, but the writer feels confident that the experience he has had with the new antiseptic justifies him in praising its merits and in cordially recommending it for use by the medical profession. To say the least, we have no antiseptic better at hand at present, and, in the writer's opinion, nothing which can equal it in general usefulness.

Newport, R. I., April, 1886.

MEDICAL PROGRESS.

The Antiseptic Treatment of Wounds.—At the close of an interesting article on this subject Surgeon-Major W. Gray calls attention to the fact that in a long series of cases the latter half were much more successful and this greater success appears to coincide substantially with the disuse of the waterproof covering, and with the adoption of dryer and thicker absorbent dressing. Accurate adaptation of the flaps I regard as of great importance. I now always mark them out with a scalpel, in order to insure evenly cut edges, and when the skin has contracted they are completed by transfixion in the usual way. My experience has taught me, too, that antiseptic applications direct to the wound are in many cases unnecessary. I allude especially to those cases where the tissues are perfectly healthy. Still they do no harm, and, by way of making "assurance doubly sure," may be employed in every instance. All I mean to convey, however, is that we can in a certain class of cases obtain as good results without as with them, provided we attend carefully to other precautions. I never under any circumstances use the spray. Moisture in any shape or form I look upon as one of the most fertile sources of failure. Our whole efforts should be directed to preserve both the wound and the dressing in the driest condition possible. The essentials, then, of my present procedure are cleanliness, infrequent dry dressing, free drainage, accurate adaptation of flaps, and rest. Under the last mentioned, pressure by means of bandages may be included. To prevent putrefaction of bloody and serous discharge I prefer to have the dressing medicated with some unirritating stable material. Of all I have tried, boracic acid or iodoform is decidedly the best. The latter is more expensive, however; hence I have found boric cotton more convenient to use. In order to press the flaps close together, and thus lessen or avoid exudation, I draw the bandage as tight as possible; the thick elastic pad of cotton and oakum underneath will always prevent it being drawn too tight. So effectually does this answer its purpose that I have on more than one occasion found the original dressing, on first exposing the stump, almost perfectly dry and clean. Oakum, besides being more or less antiseptic, keeps the cotton together, and enables us to save the use of the latter to a certain extent as well. Wood-wool, although a most excellent absorbent dressing in suitable cases, is somewhat unmanageable in amputations. Made into pads, it does not fit closely enough; and employed loose, it is difficult to apply, and is inclined to get lumpy or become displaced. To ensure complete rest of the parts while the healing process goes on, the limb, if it be a lower one, is fixed in a heavy box splint and well packed round with cotton. Should the upper limb be operated on, the stump is securely fastened to the side of the trunk, with plenty of cotton interposed and placed around. The cotton packing, as well as the thick dry dressing, preserves the normal heat of the parts, a matter which I believe is essential to rapid and perfect union. Lowering of the temperature by wet dressing, exposure, or cold applications tends, I am convinced, to delay or prevent union by first intention. During the progress of the case the thermometer is used morning and evening; if the temperature remains normal, or does not rise beyond 99.5° F. occasionally, all is going on well, and the original dressing need not be disturbed sooner than the ninth or tenth day. When removed the flaps will be found firmly united. The drainage-tube may now be withdrawn, its track gently syringed out with carbolic or sublimate lotion, a little iodoform introduced, and the stump redressed with oiled lint or with boric cotton, taking care to sprinkle either with iodoform. Some of the unsoiled boric cotton from the original dressing will do quite well enough. A pad of oakum and a bandage complete the second dressing. This may remain on for four or five days longer, and when removed the track of the drainage-tube will have closed. The sutures may now be taken out, the stump being practically healed. Should the temperature, during the course of the second or third day, rise to 100° or beyond, and remain so, the antiseptic dressing has probably failed and must be removed, the stump being treated in the ordinary way, or, better still, with wood-wool and iodoform. Before doing this I always administer quinine, as the fever may be of malarial origin, and not traumatic. In more than one instance this has proved to be the case. The precaution I note here is, however, scarcely necessary, except in a climate where malaria prevails.

This paper has run on to such a length that I can hardly do more than to mention that the treatment, on the same principles, of other surgical and of accidental wounds has met with nearly equal success. In the former class of cases, especially where there is much areolar tissue—say, the axilla after removal of a large tumor—the surface, after bleeding has quite ceased, is well rubbed over with iodoform, closed, and dressed with boric cotton and oakum, as described above, and the result is all that can be desired. In the operation for the radical cure of hernia, or after herniotomy, this treatment of the wound has been attended with remarkable success, union by first intention being the rule. Accidental lacerated and incised wounds are first thoroughly cleansed with carbolic lotion, then washed with sublimate lotion, iodoform is rubbed in, and the dry dressing, either boric cotton or wood-wool, applied. Sutures are not used, no matter how widely the wound may gape. The first dressing may be left on for twelve or fifteen days, or even longer, provided the temperature keeps down. In compound fractures the preliminary cleansing must be very carefully done before the sublimate lotion and iodoform are applied. The latter lotion should be forcibly injected with a syringe into every crevice of the wound. I find that for this purpose a Higginson's enema syringe is the most convenient; a continuous stream of lotion may be easily sent by it up the sheath of a tendon or, in case of amputations, between the flaps after the sutures have been inserted. The dry dressing in compound fractures requires to be very thick and to be bound on firmly; the limb is afterwards fixed on the appropriate splint. Small or clean-cut wounds under this method of treatment will be found closed on removal of the dressing, and larger ones with a healthy granulating surface.—*Lancet*, April 3, 1886.

TREATMENT OF HÆMOPTYSIS.—MR. H. T. BACHELOR, of Queenstown, Cape Colony, says: In considering the treatment of hæmoptysis, one naturally looks for the cause; but I think in the cause ought to be included the liability to bleed in the individual, that is, the constitutional liability, as well as the reason why he bleeds from the lungs. Bleeding is by no means an unfamiliar accident to which mankind is liable; but if we could select our bleeding ground, it would not be the lungs. But bleeding in itself ought to be regarded chiefly as an expression of a diathesis, whether it comes from the nose, lungs, stomach, rectum, kidneys, or uterus; an expression of a diathesis aggravated probably by some error in diet or other temporary cause. I am not now referring to bleeding from ulcerated lungs or stomachs, etc., where a vessel is opened, and the treatment would best be met by a ligature if we could only apply it, but to the hæmorrhage which occurs suddenly in a person in good health, and from an apparently healthy mucous membrane. The diathesis which underlies the tendency to bleed has, by Mr. Jonathan Hutchinson, been shown to be the gouty. Fothergill's definition of gout is: "Gout is hepatic reversion—the formation of primitive urine products by a mammalian liver." If these two statements be accepted as correct, it follows that bleeding is due to functional derangement of the liver, or, to put it differently, dissolution from its normal and healthy development or imperfect evolution.

Now, I firmly believe that the tendency to bleed occurs with the gouty diathesis; and that the excess of uric acid in the blood, and the locality of the bleeding, is due to individual peculiarities. Most people in youth inheriting this diathesis bleed from the nose; later in life, from the rectum or uterus; some of them from the lungs. Now, those who do so from the lungs need not necessarily descend from phthisical ancestors; a badly formed thorax, interfering with due expansion of the lungs, may be a sufficient cause. But, apart from such considerations, and to come to treatment, I think such people are best cared for by being dieted. Alcohol and meat are pernicious. But, supposing such a person has an hæmoptysis, saline purgatives, diuretics, and diaphoretics will best meet the case. But as these people are always very nervous, it is necessary to administer a nervine tonic. Opium may also be given; cannabis Indica is almost better. I quite agree with Dr. Samuel West in his remarks on profuse hæmoptysis published in the *British Medical Journal* of January 16, 1886.

It is to my mind often amusing to read the experience of some as to the value of a particular remedy in the treatment of bleeding. It seems to be forgotten that bleeding naturally ceases when the vascular system is adequately reduced. This is nature's method of saving the patient, and we cannot do better than imitate her. Bleeding, therefore, or dry cupping, or depressants, ought to be effectual aids as applied by us. Certainly, astringents imbibed cannot hold out much prospect of doing good. And as iron and opium also do not agree with these gouty people if continuously used, much care ought to be exercised in prescribing them.

Iron and digitalis I believe to be a particularly obnoxious combination. A man has an hæmoptysis, we will say, and he is given such a mixture. It is supposed that it stops the bleeding, whereas I believe the bleeding has stopped naturally. He continues with the mixture to prevent a recurrence, with frequently unhappy results. The iron impedes still more the already imperfectly acting liver, and the digitalis increases the tension in the already wounded vessel. It follows, then, that a recurrence may be naturally expected. Then, as to the bleeding from the lungs, the danger does not lie in the amount lost, but in the irritative changes it induces in the lung substance. Now, it is believed that the cough must be allayed (and to do this, opium is usually given), in order to prevent more bleeding. If it be accepted as true that the bleeding naturally tends to cease, I think we ought not to do anything to interfere with the expectoration of the effused blood. I am certainly of opinion that, if it be necessary to give opium continuously, in order to stop more bleeding, although the patient may not die of hæmoptysis, he assuredly will eventually of lung inflammation. To give opium is assuredly a barbarous way of treating lung affections. In order to explain an apparent discrepancy with a former statement, when I said

that opium might be given to allay the vascular and nervous tumult, I wish to say that a single dose may be given for this object, but the continuous administration is hurtful. As I said before, I believe cannabis Indica the better of the two for this purpose. —*British Medical Journal*, April 10, 1886.

PYRIDINE IN ASTHMA.—PROFESSOR SÉE, in a lengthy article (*Bull. Gén. de Thérap.*, Oct. 1885) upon the treatment of the various forms of asthma, makes the following remarks upon pyridine in the treatment of that disease: When the iodides can not be taken, or when they give rise to grave symptoms of iodism, the patient usually resorts to some empirical remedy in the form of an inhalation. An analysis of this usually shows it to contain pyridine as the active ingredient. Pyridine is the product of dry distillation of pit-coal, and is a liquid, colorless, very volatile, and has a strong and penetrating odor. It is miscible with water in all proportions, forming with the mineral acids soluble but unstable bases. It diminishes the reflex functions of the medulla and respiratory center.

The best way of administering it is to put ℥j to ℥j mxv in a saucer, and place the saucer in the center of a small room, the patient to sit in one corner of the room, so that, as he breathes, he inhales an air mingled with pyridine. The *séance* should last from twenty to thirty minutes and be repeated three times a day. The absorption is rapid, for it soon appears in the urine. Great relief is experienced in a short time. Occasionally, toward the end of the sitting, the patients have an invincible tendency to go to sleep. In some cases the attacks of asthma had entirely disappeared; in others they returned in eight or ten days. The following is an analysis of Professor Sée's experience with the drug: Of fourteen patients (three females and eleven males, from 30 to 60 years of age), three suffered from pure neurotic asthma, and were cured; three, with catarrhal and emphysematous asthma, received amelioration; in one old case of nervous asthma there was benefit, but the drug had to be suspended on account of the vertigo and nausea it caused; in five cases of cardiac asthma the amelioration was pronounced without any ill effects upon the heart. In a subsequent note Professor Sée adds: During the past three months I have used pyridine inhalations in about fifty cases, in most of which the patients not only received relief during their attacks, but were cured without the intervention of potassium iodide. I am, therefore, constrained to consider pyridine no longer as a simple palliative, like the fumes of niter, but as a true curative remedy, and one entirely free from all inconveniences.

Dr. Lublinski's communication (*Centbl. für die Ges. Ther.*, Heft xii, 1885), embodying his experience with pyridine in asthma, is of considerable interest and value taken in connection with the foregoing abstract of Professor Sée's paper. He does not undervalue the importance of treating the nasal passages, and the administration of potassium iodide, in most cases of asthma. But a certain number of patients remain that are not benefited by the former, and in whom the smallest dose of potassium iodide produces symptoms of iodism. The latter patients he had been in the habit of treating variously until he had read Professor Sée's article on the treatment of such cases with pyridine. Since then he has been employing, at his Poliklinik, pyridine inhalations according to Professor Sée's instructions. Nearly all the patients gave expression to a feeling of relief at the commencement of the inhalation, and said they felt the breathing grow easier and the chest expand more freely. Objectively, Dr. Lublinski could confirm these statements in emphysematous patients by noting that the respiration diminished in frequency, and the loud whistling ronchi ceased. There was no apparent effect on the heart, but the pulse not infrequently showed a diminution in the number of its beats, while its rhythm and quality remained unchanged. The invincible tendency to sleep, which Professor Sée mentioned as occurring only occasionally, supervened in most of Dr. Lublinski's patients. The patients all said they felt improved, and that they had passed better nights. They came to the Poliklinik twice daily to be treated, some of them quite a distance, which was strong evidence that their statements were grounded on truth. Still says Dr. Lublinski, it must not be denied that in a few cases symptoms manifested themselves that appeared dangerous. In one case, trembling of the limbs and nausea oocurred; in another, violent vomiting, with dizziness and headache; and another patient felt as if paralyzed. All these symptoms disappeared, however, after a time without leaving any further ill-effects on the patient's health. Still, they were not infrequent, and required careful attention. In decrepit individuals with emphysematous asthma, a weak heart, and poor circulation, and in those with valvular affections with symptoms of congestion, those symptoms are particularly prone to develop. An analysis of the cases treated by Dr. Lublinski shows them to have been two cases of emphysematous asthma complicated with phthisis, two of neurotic asthma, four of bronchial, and five of cardiac asthma. Of these twenty-one patients that had been treated with the pyridine for a time (8–14–21 days), only the two with neurotic asthma could be said to be cured. Of the remaining patients, ten experienced marked improve- five received some relief and were at least able to pass the night in bed, and four were not appreciably benefited.

Dr. Lublinski employed pyridine in heart affections, independent of asthma, and the results, briefly stated, are that it gave marked relief in the feeling of oppression accompanying that disease. To sum up, the author would say that pyridine is not a specific in the various forms of asthma; that it finds its best application in cases of neurotic asthma, in which potassium iodide, nitro-glycerin, and amyl nitrite are contra-indicated, but even in these we must wait for further experience; that in the various other forms of asthma pyridine is a palliative, which must not be used indiscriminately; the cases require to be selected. —*New York Medical Journal*, April 17, 1886.

THE INFLUENCE OF STARVATION ON THE NERVE CENTRES.—DR. P. J. ROSENBACH, house-physician

to Professor J. P. Mierzejewski's clinic, has studied (*Vestnik Klin. ee Sudeb. Psikhiatr.*, vol. 1, part 2, and *St. Petersburg Inaugural Dissertation*, 1883) experimentally, in dogs and rabbits—1, the microscopic changes occurring in the central nervous system in animals starved to death; 2, the influence of starvation on the excitability of the brain; and 3, the clinical symptoms resulting from the action of starvation on the nervous system.

1. *Morbid Anatomy.—a. Spinal Cord.*—The changes wrought by starvation were very marked and constant, though they were almost exclusively limited to the nerve-cells, the cells of the anterior horns presenting the most intense alterations. The latter consisted in "opaque swelling" of the protoplasm, wax-like degeneration with loss of the processes, granular or hyaline degeneration or disappearance of the nucleus, sieve-like vacuolization, and complete disintegration of the cell with fatty degeneration of detritus. The longer the animal has lived under starvation, the greater are the alterations found, the lesser is the number of normal multipolar ganglionic elements met at an individual section. All other conditions being equal, the most intense changes are observed in the neighborhood of the blood-vessels. [That is, the morbid process in starvation follows the general law of spreading of diffuse degenerative processes in the spinal cord, as established by Dr. James Ross, and as subsequently supported by N. Popoff, Tchij, etc.] The cells of the posterior horns undergo the degeneration in a far slighter degree than those of the anterior. The neuroglia and nerve-fibres show only some opacity and swelling. [Like Dr. Mankovsky (see the *London Medical Record*, Feb., 1884, p. 73), Dr. Rosenbach never saw anything like "homogenous degeneration" of the interstitial tissue of the gray matter, as described by Dr. N. Popoff; neither did he see Popoff's "pigment degeneration" of the ganglionic cells.] The vascular changes are the most marked in sections presenting the most intense degeneration of the nerve-cells, and consist in intravascular accumulation of red and white blood-corpuscles in capillaries and veins; in hæmorrhage *per diapedesin;* and, relatively rarely, in "plasmatic" or "colloid exudation" (Lockhart Clarke's "granular" or "fluid disintegration").

b. Brain.—In all parts of the cerebral cortex (in the psychomotor area, as well as in the occipital, frontal and parietal lobes) there are present the same degenerative changes, but they are considerably less pronounced than in the spinal cord. The ganglionic elements in the optic thalami, corpora quadrigemina, etc., present only slight opaque swelling. The white substance everywhere is free from alterations. The circumvascular spaces show marked dilatation, but without any accumulation of leucocytes.

c. Cerebellum.—The degenerative process is localized in Purkinje's ganglia; shrinking of their protoplasm, vacuolization, and disappearance of the nucleus, being the changes prevalent.

d. Intervertebral and Sympathetic Ganglia.—The same degenerative changes, except hæmorrhage and colloid metamorphosis, are found. The lesions of the nerve cells in the intervertebral ganglia are so intense, as to create a distinct and characteristic macroscopic appearance. The connective tissue of the structures is somewhat rarefied. The sympathetic (cervical) ganglia present the same alterations, but in a slighter degree.

Discussing the changes above described, the author points out that the same lesions are found in myelitis of traumatic and idiopathic (Leyden, Erb, Hayem, Vulpian) as well as toxic origin [as proved by the following experimental researches carried out under the guidance of Prof. J. P. Mierzejewski: Danillo's "On the Morbid Anatomy of the Spinal Cord in Phosphorus Poisoning," 1881; N. Popoff's "On Acute Myelitis from Lead, Arsenic, and Mercury," 1882 (see the *London Medical Record*, December 1883, p. 515); and Tchij's "On Alterations in the Spinal Cord in Poisoning by Morphia, Atropia, Nitrate of Silver, and Bromide of Potassium," in the *Meditz Pribav. k Morsk. Sborn.*, May and June 1883.—*Rep.*] But, at the same time, there are present important distinctions between starvation on one side, and myelitis and poisoning on the other. In starvation, there is absence of all inflammatory phenomena, such as infiltration of the tissues by leucocytes, formation of "granular cells," thickening of the vascular coats, etc., which are always found in myelitis and poisoning. The degeneration and destruction in starvation are nothing but results of a defective nutrition, in consequence of arrested supply of nutritive material. The localization of the degenerative process is determined by the nerve-cells possessing a comparatively weaker power of resisting any disturbances of the general nutrition.

2. *Excitability of the Brain.*—Having carried out (conjointly with Professor V. M. Bekhtereff) a series of experiments on stimulation of the psycho-motor centres in dogs, the author found that, to obtain the minimal motor effects, the strength of electric current must be greater than in the normal (non-starved) animal. In other words, the electrical excitability of the brain is lowered under the influence of starvation.

3. *Nervous Symptoms in Starvation.*—Rabbits did not present any nervous symptoms at all. As to dogs, there were observed some individual differences. Thus "stray" or "street dogs" (or "no man's dogs"), accustomed to vicissitudes of life and half-starving generally, in the beginning bear a complete hunger-diet good humoredly, and even preserve a cheerful disposition for a pretty long while. Meanwhile, the animals accustomed to good care and regular feeding at first manifest considerable restlessness, whine, and howl. But afterwards all starved animals become quieter and listless, lie motionless, and do not even touch any food put before them. Dr. Rosenbach did not see anything like delirium or hallucinations of inanition, except in one case where the animal gnawed off a part of its paw in the last day of its life.—*London Medical Record*, January 15, 1886.

PICHI (FABIANA IMBRICATA) IN CYSTITIS.—DR. HAL. C. WYMAN, of Detroit, gives a record of five cases in which this drug was used in cystitis.

The first case in which I used the fl. ext. pichi was early in January, when my attention was called to the

drug by Dr. J. E. Clerk, the chemist of this city. A Mr. G., aged 23 years, who contracted gonorrhœa a year or more ago, and who had stricture of the urethra, which I found necessary to divulse a few days before Christmas. A copious hæmorrhage from the deep urethra followed the operation, and a few days later severe vesical tenesmus disturbed the patient so that sleep and appetite vanished. All the symptoms of typical cystitis speedily developed. Morphine, belladonna, hyoscyamus, and alkalies were used internally and by the rectum for a week without materially modifying the symptoms. So irritable did the bladder become that it would not retain urine longer than five to fifteen minutes. I now began the use of the fluid extract of pichi in 15-drop doses in water once in three hours. The tenesmus and pain began to decline after twenty-four hours, the mucus and pus also to diminish in quantity, and at the end of the week the bladder would retain its contents three hours without causing the patient any inconvenience.

This patient has now, March 8, fully recovered. I think the cystitis was of traumatic origin, the harsh manipulation of the vesical mucous membrane with the divulsing apparatus. Thompson's instrument was the one used.

Mr. H., aged 71 years, had been getting up nights so pass urine for the last five years. Ten months ago he found he could not empty his bladder, and was compelled to call a surgeon to use the catheter. A severe chill followed, and he was very sick for two months, having the catheter used every day. He learned to use it himself, and continued to use it daily until last February, when he had another chill, and his left testicle swelled and inflamed. He was too sick to use the instrument. I was summoned by his medical attendant in consultation, and opened a large abscess of the left testicle, and advised against further use of the catheter. His prostate was greatly enlarged. Opium and camphor suppositories relaxed the spasm of the catheter. His urine was heavily loaded with urates. Mucus, blood, and pus were present in abundance. He was put on fluid ext. pichi, and continued its use for three weeks. He has made an excellent recovery.

I might enumerate numbers of cases of lumbago and sciatica in the course of which urates were precipitated from the urine in large quantities, and which recovered while the patient was taking the pichi. Combined with a potassium salt I have found it to act more quickly than any other remedy in bringing about a solution of the urates and relieving the rheumatic neuralgia so frequently associated with that unstable condition known as lithuria, phosphatism, etc. A formula I have often used is—

℞ Fl. ext. pichi.....ʒi.
Potass. nitrate.....ʒi.
Simple elixir.....ʒiii.
M.
S.—Teaspoonful once in two hours.

—*Therapeutic Gazette*, April 15, 1886.

Paralysis after Injection of Iodo-glycerine for Spina Bifida.—At the meeting of the Wolverhampton and District Medical Society, on March 4, Dr. Lycett exhibited a girl, aged 6, who, at birth, was the subject of spina bifida over the upper part of the sacrum, forming a tense sessile tumor, of the size of an orange, having an ulcerated surface of the area of a crown-piece, which, on healing, formed a thin membranous covering to that portion of the sac. As it became thinner through expansion, it was tapped when she was six weeks old. An ounce and a half of fluid was drawn off, and forty minims of iodo-glycerine injected with a negative result. The sac refilled about a week afterwards; about an ounce of fluid was withdrawn, and the injection increased to a drachm and a half, causing the sac, in a few days, to become obliterated. Co-incidentally with the shrinking, however, came loss of sensory and motor power in the legs, with incontinence of fæces and urine; the paraplegia, which persisted, being completely below, and incomplete above the knees. Hydrocephalus also commenced immediately after the operation, and gradually increased until the third year, when the fontanelles closed without developing any nerve-phenomena, or impairing the mental power. The horizontal circumference of the head now measured twenty-two inches. In the report of the committee, appointed by the Clinical Society of London to inquire into the subject of spina bifida, there was a case recorded, where paralysis supervened and persisted after the cure of the tumor, and appeared to be due to the treatment adopted. In several cases temporary paralysis occurred, which passed off in a variable time; once complete paraplegia, which subsequently disappeared. In three cases, hydrocephalus set in subsequently to the cure of the spina bifida. Of the various operative measures, that by the injection of iodo-glycerine was recommended in preference to any, as promising the greatest success, though the table of results showed that of 71 cases, only 35 recovered, 27 died, 4 were relieved, and 5 unrelieved. As evidence of the frequency and serious nature of this affection, it appeared that it caused no fewer than 647 deaths in 1882, of which 615 were in children under one year of age.—*British Medical Journal*, April 10, 1886.

Physiological and Therapeutic Effects of Adonidine.—Dr. Hobart Armory Hare, of Philadelphia, in an article on this subject, gives the conclusions of Durand, and then his own as follows:

Durand says that in doses of gr. ss adonidine—

1. Increases arterial tension.
2. Regulates the heart-beat.
3. Diminishes the frequency of the pulse.
4. Increases the force of the cardiac contractions.
5. Acts with rapidity, its effects being only present during its administration.
6. Increases diuresis.
7. Is well tolerated.
8. That the indications for its use are the same as digitalis.

He commends its use, especially in mitral insufficiency and interstitial myocarditis, and in palpitation of the heart. Such a drug ought surely to be of signal service to the profession, for, though it is at present of high price, being made almost entirely by Merck of Darmstadt, there is no reason why a con-

tinued call for it should not make its cost within the reach of everyone, the adonis vernalis being by no means rare, its rhizome having been used as an adulterant for black hellebore, and the process of obtaining the glucoside is not expensive.

Conclusions.—Adonidine in all doses increases arterial pressure by stimulating the vaso-motor centres and by increasing the cardiac force.

In moderate doses it increases the pulse-rate and force from the first, but when large toxic doses are given, it primarily slows the heart by stimulating the pneumogastric, and then increases pulse-rate by depressing the inhibitory nerves and stimulating the accelerator apparatus.

The slowing of pulse-rate is also in all probability due in part to increased arterial pressure, as under these circumstances the blood-paths are greatly diminished in calibre.

On the nervous system the drug has but little action, unless the quantity administered be enormous. Under these conditions it paralyzes the sensory side of the cord, but has no effect on the motor tract or on the efferent or afferent nerve-trunks.—*Therapeutic Gazette*, April 15, 1886.

SANTAL OIL IN URINARY AFFECTIONS.—DR. A. P. GIPOULOU gives the following as the results of his use of the oil of yellow sandal-wood: 1. In chronic and obstinate gonorrhœa no especially remarkable effects were produced. 2. In acute gonorrhœa accompanied by severe vesical tenesmus, frequent and painful micturition, etc., the acute symptoms were speedily relieved, though the discharge diminished only gradually in quantity. 3. In a case of suppurative nephritis of the left kidney, in which there was frequent micturition, and the urine was loaded with pus, an improvement was noted within twenty-four hours, and at the end of a fortnight the pus had entirely disappeared from the urine. 4. A railway employé was suffering from acute cystitis, accompanied by tenesmus and bloody urine, which had resisted the action of ordinary remedies for over a month; he was relieved permanently in a few days by the use of yellow sandal-wood oil. 5. In a number of cases of vesical catarrh equally rapid and permanent results were obtained. 6. In three cases of simple acute unilateral nephritis speedy relief was afforded by the same remedy. 7. In two cases of nephritic colic excellent results followed the administration of santal oil; the attacks were promptly cut short, and an apparent cure was the result. 8. Finally, he relates a case of acute Bright's disease following scarlet fever, in which there was general anasarca and the urine was heavily loaded with albumin. During a treatment of four or five days with diuretics the œdema increased, but within two days after giving santal oil the improvement was marked, and at the end of a week the anasarca had disappeared and no more albumin could be found in the urine.—*Journal de Méd. de Paris*, February 14, 1886.

MODIFICATION OF PIRIGOFF'S METHOD.—At the recent Congress of Russian practioners, Professor TAUBER described and demonstrated on the dead subject an operation for removal of the foot, which he believes has several advantages over Pirogoff's amputation. Standing on the outer side of the limb, he commences an incision at the insertion of the tendo Achillis, and carries it forward just below the external malleolus to the dorsum of the foot, and then vertically downwards on the inner side in front of the heel. When the middle line of the sole is reached the incision is carried along it backwards and prolonged upwards to the starting point at the insertion of the tendo Achillis, a flap having thus been cut consisting of the inner side and half of the sole of the heel. The joint is then opened, the external ligaments being first divided and then the internal. The astragalus is seized with the bone forceps and removed, and the anterior part of the foot cut off by Chopart's line, nothing being left but the os calcis, the soft coverings of which on the inner aspect are untouched. The os calcis is seized with the bone forceps and turned so that the articular surface is towards the operator. The forceps are now taken by an assistant, who holds them tightly; the operator then saws the bone longitudinally in two; the outer half, which is free, is removed, the inner half remaining attached to the flap. The ends of the tibia and fibula are then sawn off just above the malleoli. The cut surfaces of these will be found to correspond almost exactly with that of the os calcis, which is now brought into apposition with them. The advantages claimed for this operation are: 1. The posterior tibial artery is itself untouched, only its branches being divided. 2. The insertion of the tendo Achillis, as well as its bursa, are not injured. 3. The surfaces of the os calcis and of the leg bones correspond very nearly to one another.—*Lancet*, April 3, 1886.

ANTIDOTE TO COCAINE POISONING.—DR. F. SCHILLING describes a case of cocaine poisoning, coming on after the drug has been locally applied for the extraction of a tooth. The patient was a woman aged 28, in the seventh month of pregnancy. The injection of two drops of a 20 per cent. solution of cocaine caused sufficient anæsthesia for the extraction of the tooth. As the patient was leaving the room the dentist noticed that her eyes were fixed, and a few minutes after making her sit down she became unconscious, reacting to no stimulus. The injection of ether had no result. During the unconscious state, which lasted over half an hour, the breathing was quiet, the pulse 86, and regular; the eyes were wide open, with medium-sized pupils, and the conjunctival reflex had disappeared. The patient could not be roused by shouting, but after a time began to call her husband by name. Dr. Schilling, considering that the condition was due to anæmia of the brain, advised the inhalation of amyl nitrite. The first inhalation seemed to rouse her, and after the second she could answer questions hesitatingly, but correctly. She was well in a short time. As the author states, it is a question whether the symptoms were not due to shock, as the patient was pregnant. He, however, considers this an improbable explanation.—*London Medical Record*, March 15, 1886.

THE
Journal of the American Medical Association.
PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

SUBSCRIPTION PRICE, INCLUDING POSTAGE.

PER ANNUM, IN ADVANCE.....$5.00
SINGLE COPIES.....10 CENTS.

Subscriptions may begin at any time. The safest mode of remittance is by bank check or postal money order, drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in REGISTERED letters.

Address
JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,
No. 65 RANDOLPH STREET,
CHICAGO, ILLINOIS.

SATURDAY, MAY 1, 1886.

PELVIC ABSCESS IN THE MALE.

At the meeting of the New York Academy of Medicine, held on April 15, DR. T. HERRING BURCHARD, Lecturer on Surgical Emergencies at Bellevue Hospital Medical College, read a paper on "Pelvic Abscess in the Male," which was of special interest on account of the presence at the meeting of a patient on whom Dr. Burchard had performed laparotomy for the relief of the condition named. The details of this case may be found in our New York letter for this week.

While pelvic abscesses in the male have not attracted the same surgical attention as those occurring in the female, the serious nature of the affection, Dr. Burchard thinks, is quite as great in the one as in the other. He also believes that it is of more frequent occurrence than the meagre literature of the subject would lead us to suppose. By pelvic abscess he desires to be understood as meaning a phlegmonous inflammation occurring in the superior portion of the pelvic cavity—below the cavity of the abdomen, from which it is separated by the pelvic reflections of the peritoneum, and above the muscular floor formed by the levator ani muscle. It is not to be confounded with abscesses of the abdomen—typhlitic, perityphlitic, etc.,—nor with those originating below the levator ani, in the ischio-rectal fossa. Mr. Henry Morris divides such iliac abscesses of pelvic origin into two groups: (1) the subperitoneal, and (2) the subaponeurotic. The former, he claims, are prone to spread widely, in both an upward and a downward direction, reaching the upper boundaries of the abdomen and even burrowing behind the diaphragm, while the latter are more circumscribed, forming between the fascia iliaca and iliac muscle, and producing caries or necrosis of the bone.

The clinical history and symptoms naturally vary according to the acuteness or latency of the attack. Should the attack be acute, both the constitutional and the local disturbance are proportionately greater, and it may readily be mistaken for one of general or circumscribed peritonitis, on account of the similarity of the symptoms. Abscesses which form thus acutely are more likely to evacuate themselves spontaneously, either in the rectum or the bladder, than those of a subacute or chronic character. The inference is logical that suppuration, when it occurs, does so a considerable time before it makes itself manifest by external tumefaction, and that the delay in getting the evidences of abscess is not due to absence of pus, but rather to the difficulty which the pus has, on account of the suppurative process, in coming to the surface. During all this time, however, the constitutional evidences of internal suppuration are more or less pronounced, and a carefully conducted examination at this stage may prevent many months of tedious suppuration, with its attendant evils.

Nevertheless, chronicity, rather than acuteness, seems to be the rule with pelvic phlegmons in the male, except in cases having a traumatic origin; and the affection most frequently occurs in the poorly nourished and cachectic, in whom inflammatory processes are slow. The diagnosis in such cases is often very difficult, partly on account of the inaccesibility of the parts affected, and partly owing to the perplexity of symptoms arising from so many different tissues, organs, blood-vessels and nerves being implicated in the inflammation. Speaking further in regard to diagnosis, Dr. Burchard said that inflammation, occurring here, manifests itself, in addition to local distress or pain, which is generally severe in character, by the usual constitutional disturbances. After tumefaction has occurred, another set of symptoms arises, due to pressure on sensitive nerves and organs.

Another feature, peculiar to these abscesses, is their tendency to burrow, and there are very great dangers attendant thereupon. Their natural destination should be the peritoneum, and such, doubtless, would be the case, were it not that the extremely dense fibres of the levator ani and the prostatic muscles, which are largely composed of firm, fibrous tissue, present an almost impenetrable obstacle. The next most natural route would seem to be the rectum, and here many of these abscesses are evacuated. Many, however, mount the pelvic cavity, and appear within the abdomen, after which their course is erratic.

Clinically, it is important to distinguish between an

inflammatory condition pure and simple—a cellulitis simplex—and the same condition after it has passed into the suppurative stage. The presence of pus cannot be recognized at too early a period. It is likewise necessary to distinguish between a pelvic cellulitis and general or localized peritonitis; and also between this and cystitis, proctitis and prostatitis. Rheumatism and neuralgia, too, must be borne in mind. Surgically, it is necessary to differentiate between abdominal abscesses, ileo-pelvic abscesses, pelvic abscesses, abscesses of the ischio-rectal fossa and perineal abscesses. Exceptional possibilities must be carefully considered—such as hernia strangulated in the pelvic foramina, passage or impaction of renal calculi, acute inflammation of the psoas muscle, typhlitis and perityphlitis, and lastly, scrofulous, malignant, tubercular and syphilitic diseases of the pelvic glands.

The treatment of these abscesses, externally, resolves itself into treatment of the cellulitis before suppuration, and treatment after suppuration is established. In the first case rest, morphia, quinine in free doses, local refrigeration, and, possibly, local depletion by leeches to the perineum, are required. In employing cold in this or any other inflammatory condition about the rectum, Dr. Burchard thinks that nothing equals in efficacy and comfort the continuous douche of cold water, which passes up and immediately returns through a double-flow blind tube. The great mistake that is often made by the inexperienced in the application of either this or the ice-coil is in applying it too cold at first. The water at first should be warm, and then gradually cooled until ice-water can be used, and with astonishing relief.

During the stage of acute inflammation frequent rectal explorations should be desisted from, as they often do more harm than good. After suppuration may reasonably be expected, a careful examination, under anæsthesia, should be made, in order that the abscess may be evacuated into the rectum at the earliest possible moment. If evidence of internal suppuration is present, and there is reason to believe that pus is burrowing upwards, an abdominal exploratory incision is obviously demanded. If this can be made without opening the cavity of the peritoneum, it certainly should so be done. The object to be attained, however, is the evacuation of the pus; but we cannot always be successful in this, as adhesions will at times form impassable barriers.

RICH LEGACIES WELL BESTOWED.

We are reminded by the account of the laying of the corner-stone of the new building of the College of Physicians and Surgeons, the Medical Department of Columbia College, of New York, on the 24th of April, 1886, of the very liberal and yet remarkably considerate bequests of the Vanderbilt family for the advancement of medical science and art, and thereby the more efficient prevention or relief of human suffering. First, the late Wm. H. Vanderbilt donated $500,000, of which $200,000 was for the necessary building lots and the remainder for erecting new college buildings, reserving perhaps something as an endowment of the scientific laboratories. Next his daughter, Mrs. Sloane, added $250,000 for the founding of a Maternity Hospital and endowing it with perpetual free beds, which was to occupy a part of the same lots; and finally the four sons of Wm. H. Vanderbilt have given $250,000 more to establish on the same premises an extensive Clinic and Free Dispensary for the poor. By thus aggregating the magnificent sum of $1,000,000, one of the oldest medical colleges in this country is placed in a condition not only to furnish facilities for the most complete education of medical men in all departments, both scientific and practical, but also to prosecute such original researches as add to the sum of human knowledge and increase the resources for relieving human suffering for generations to come. And yet the Maternity Hospital, and the Clinic and Dispensary, will be an ever present resource for the relief of large numbers of the suffering poor.

If the actual relations of medical education to the health and comfort of the human family are studied, we doubt whether $1,000,000 has ever been donated to one general purpose with more wisdom than in the present instance. And if the men and women in our country possessed of great wealth would give more thought to the modes by which they could so bestow a portion of their wealth as to make it the means of perpetually increasing the knowledge of diseases and their remedies and in the same ratio diminishing human suffering and prolonging human life, the example furnished by the Vanderbilt family would find many followers. Wealthy men in Chicago have invested more money in building and furnishing mere *club-houses*, than would be required to endow and perpetually maintain the scientific and practical laboratories of all the regular medical colleges of this city. The comparatively small sum of $100,000 donated to the Trustees of the Chicago Medical College as a special or perpetual endowment of her histological, physiological, pathological and chemical laboratories, in addition to her present equipments, would at once add an efficient department of original investigation as active as in any of the institutions of

Europe. We mention the Chicago Medical College, because it was the first medical college to establish and maintain a thoroughly graded system of medical instruction in this country, and a high standard of requirements for graduation; but we would also rejoice to see every meritorious medical college in our country in the possession of similar endowments.

It is too much the custom of our people to divide their surplus wealth among too many institutions, whether educational or otherwise, and by so doing the greater part of it becomes immediately absorbed in buildings and grounds, leaving little or nothing as permanent endowments for maintaining perpetual and efficient instruction and research. Let those in possession of a surplus of this world's goods think of these things.

DR. GRAHAM'S ADDRESS.

The address of DR. D. W. GRAHAM to the graduating class of the Woman's Medical College, at the closing exercises a few weeks ago, which is published in this issue of THE JOURNAL, is so different from the usual address of the kind, in this country at least, that it may not be inappropriate to call more particular attention to some of the many suggestive ideas embodied in it. As was pointed out in an editorial article in THE JOURNAL of May 23, 1885, the usual valedictory, inaugural, graduate, and alumni address contains more or less assertion that the profession in this country is in a state of scientific and educational depravity. In the address under consideration, however, the author has risen above such pessimistic views, and instead of taking an icteric view of the past and present he speaks wisely and hopefully of the present and future.

The first point upon which Dr. Graham touches, a matter which has been much discussed of late years, is the fitness and capacity of woman for the study of medicine. That women are both fitted and capacitated for the study of medicine few will deny, save upon the grounds that woman's place is the home circle, and that she is physically unsuited to the demands of modern medicine. But let us take another aspect of the case, leaving out of view for the present those who intend to practise medicine in their own (civilized) country. A recent report of the New York Medical Missionary Society says, according to the *Medical Record*, of April 17: "About forty millions of heathens die every year with scarcely any medical aid. There are two white missionaries to about one million of heathens. There is one medical missionary to about ten millions of heathens. Modern medicine and surgery appear miraculous to the heathens; it is often very difficult to prevent them from even worshipping a doctor. Their gifts in gratitude for medical aid would shame many Christians. A medical missionary can, to a large extent, obtain his own support. His medical skill will open doors otherwise closed to the gospel." So much has been said in the journals of the past two or three years of the Chinese and Hindoo customs which prevent the attendance upon sick women of male physicians that it is only necessary to make this allusion to them. Here, then, is the great field for the female physician; and this has been fully shown in the past year by the results of the munificient charity of Lady Dufferin. It is very doubtful if any purely missionary society will be able to show the results, within the next five years, that will follow Lady Dufferin's charity.

But apart from this, there is a field in home medicine for woman—a fact that is so clearly shown in Dr. Graham's address that it need scarcely be discussed. The female physician, on account of the demands of the profession, may not live so long as she might otherwise, but it is to be remembered that "the life is long which answers life's great ends." On the other hand, her knowledge of medicine may so guide her as that she will avoid, and, better than the man, induce other and non-professional women to avoid, many of the follies of civilization, so that life may be longer, happier, and more fruitful. If medicine has a place in moral education, surely medically educated women have some part of that place; and it must be claimed that the education in which medicine has a place is the triple education—moral, mental and physical. To quote the words of Dr. Graham: "There is a positive demand for the services of medically educated women. Here are opportunities enough and scope enough for all shades of tastes and all degrees of talents;" in preventive medicine, in investigating the questions relating to the defective and helpless classes of society, the moral defects and deformities of youth and adult life, and in placing the triple education of which we have just spoken on a sound and scientific basis. "Women are peculiarly adapted for much of this kind of work." Of "the thousands of women of our land without occupation, with physical and mental capacity for a long life of usefulness, with noble and philanthropic aspirations," many "will find in these fields abundant work which will yield the most beneficent and tangible results."

Dr. Graham makes some very pertinent remarks on the "overcrowded condition of the medical profession." It is not so much those who look for places

as those who make places, who find them; not those who stay in the rear and wait, like Micawber, for something to turn up. The recent graduate, like the one of long standing, has a trust and responsibility in the honor of the profession; and should he see those going astray who are old enough to set a better example, let him or her hold still more firmly to honor and duty; and remember that medicine when followed as a science and profession is the noblest of all arts, but when entered into with any other view it is the most despicable of trades.

ADENINE—A NEW ANIMAL POISON.

In March, 1885, Kossel published an account of a new base, to which he gave the name adenine, which he extracted from the spleen and pancreas, though he says that it is present in all vegetable and animal cells. It is an alkaloid, and isomeric with hydrocyanic acid, and Kossel claims that it proceeds from the physiological decomposition of nucleine, of which the cellular nuclei are composed. Nucleine may be decomposed, when isolated, into albumen, phosphoric acid and adenine; and when adenine is treated with nitrous acid it is transformed into hypoxanthine or sarcine.

M. Gautier now claims that this discovery of Kossel, and its confirmation by M. Morelle, in Gautier's laboratory, uphold his leucomaine theory. M. Morelle finds that adenine is present under normal conditions, and has a powerful influence on the medulla, causing asphyxia and collapse when injected under the skin of guinea-pigs and frogs, the symptoms being somewhat similar to those caused by muscarin and digitalin. Accordingly Gautier now announces a general medical law which must henceforth be taken into consideration: Not only the most highly organized cells constantly manufacture poisonous substances, but their nuclei and protoplasm have a groundwork, consisting of an aggregation of most potent toxic molecules.

We may very properly ask, with M. Colin, why animals which are fed on the spleen and pancreas do not die of this terrible poison? M. Gautier replies that the quantity of the poison in a few pounds of spleen or pancreas is too small; that though adenine is isomeric with hydrocyanic acid, it has not the same properties; and that all living cells contain a substance isomeric with hydrocyanic acid But does he not mean that cells once living contain, when dead *and treated with chemical agents*, poisonous substances? This does not prove that the poisonous substances were in the cells while they were a part of the living body. If it could be shown that adenine is a cumulative poison it would seem to follow that animals fed constantly on the spleen and pancreas should in time show symptoms of the poisonous action.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, April 19, 1886.

THE PRESIDENT, E. J. DOERING, M.D., IN THE CHAIR.

DR. G. C. PAOLI read a paper entitled

THE REASONS WHY FEMALE PHYSICIANS ARE DESIRABLE IN INSANE ASYLUMS.

He demonstrated that the most eminent specialists in pschiatry in the United States are a unit in maintaining that female physicians are best qualified for treating the female insane. Many States have passed laws requiring one female physician to be allotted to each one hundred female insane in their asylums.

DR. J. G. KIERNAN said eminent authorities had already pointed the relation which exists between uterine disease and insanity. Popular opinion is growing in favor of the employment of female physicians in the treatment of the female insane.

DR. WM. T. BELFIELD reported nine cases of

IMPERMEABLE STRICTURE TREATED BY ELECTROLYSIS.

(See THE JOURNAL, April 24, p. 455.)

During the past two years he has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation and urethrotomy for the following reasons: 1. It will pass through any stricture, however tight, rigid, long or tortuous. 2. As a rule it causes no pain, bleeding, chill, nor urethral fever. 3. It is always devoid of danger. 4. Its effects are lasting.

In certain numerous cases electrolysis is not merely a preferable, but really the only practicable treatment. Such are, 1, old, rigid, cartilaginous strictures in men of middle or advanced age, where urethrotomy is dangerous and dilatation ineffectual; 2, impermeable strictures; 3, tight and rigid strictures with perineal or scrotal fistulæ.

Dr. Belfield then narrated the successful treatment by electrolysis of nine such cases. In three of these there was complete retention of urine, the bladder being distended above the umbilicus; these strictures were absolutely impermeable, to urine from within as well as to instruments from without. In each case a No. 10 electrode (French) was passed into the bladder in less than twenty minutes, permitting the immediate introduction of a catheter. In each of these cases perineal section would have been, without the battery, inevitable.

In the remaining six cases Dr. Belfield, as well as other surgeons, had failed in attempts to pass bougies into the bladder; yet as the patients were still enabled to force a feeble, dribbling stream outward, these strictures were theoretically permeable, though practically impermeable. In these also a small electrode readily entered the bladder in one or two sittings.

In one case, seen in consultation with Dr. Miller, the patient had a series of tight, rigid, impermeable strictures, and twenty-seven fistulous openings in the scrotum and perineum; he had submitted to both internal and external urethrotomy, and to numerous unsuccessful attempts at dilatation; was urinating every half hour, day and night. In fifteen minutes a No. 10 bulb entered the bladder; that night patient rose only once to urinate, and for the first time in several years the urine flowed entirely from the meatus and not from the fistulæ.

The unfavorable results obtained by various physicians in their attempts at electrolysis have been caused by the use of improper currents, whereby heat was generated and the urethra cauterized causing violent inflammation and even extensive sloughing. When properly used, the heat produced is insignificant; with six to fifteen small cells and a weak fluid, the cicatricial tissue constituting the stricture is dissolved away but not cauterized. Since cicatricial tissue is but scantily supplied with blood, and is therefore poorly nourished, it yields to a dissolving current which is insufficient to disturb the healthy urethral tissues.

Dr. L. L. McArthur said he had treated with success by electrolysis one case in which numerous operations had already been performed. When patient came to him he could pass a No. 8 sound; used No. 9 electrode, and the patient can now pass No. 15 American sound. Never had any pain or difficulty in micturating since the operation.

Dr. M. B. Brown detailed two cases of impermeable and two of permeable stricture, in which he used electrolysis with good result.

Dr. C. Fenger said he must confess that he was somewhat surprised by seeing the announcement of Dr. Belfield's paper "nine impermeable strictures treated by electrolysis." He had tried electrolysis a few years ago, but never had any success from it. It surprised him that Dr. Belfield should meet with nine impermeable strictures in a very short period of time, while Sir Henry Thompson has only met with three impermeable strictures in his whole life. By hearing the paper read, however, he understood that Dr. Belfield does not mean to say that the strictures were impermeable in the strict sense of the word—the only correct one—but only meant that it was difficult to pass any instrument through these strictures. Sir Henry Thompson, in his "Diseases of the Urinary Organs," of 1882, p. 28, says: "Impermeability can not be held to describe a character, a physical quality of the stricture itself, but rather indicates the quality of the surgeon who has treated it." Impermeable stricture is a contradiction in terms; it is not heard of so much now as it was twenty years ago. Dittel, of Vienna, in speaking about relative and absolute impermeable strictures, says a stricture may be impermeable for one man, or at a certain time, and permeable for another man, or at another time. Other modern authors on surgery, as König and Albert, speak about the matter in a similar way.

The second surprise to him was the advocated treatment by electricity, or electrolysis. There has always been in his mind a suspicious halo of mysticism about the electrolysis, whether applied to the different forms of surgical tumors or to strictures of the urethra. He understands from the paper, that the electrolysis does not mean galvano-caustic treatment, although quite recently Jardin, of Paris, uses a small galvano-cautery knife for passing slowly through the stricture. Dr. Belfield warns very justly against cauterization. The non-caustic electrolysis is to me a very mystic process. Dr. Fenger remembers years ago of one of Billroth's clinics which he spoke about electrolytic treatment of venous angiomas of the face, that he expressed as the result of his experience the following: "The electrolystic needle has no more or other effect on the tumor in question, than the mere mechanical disturbance of the tissue-elements, that is, than any other needle not connected with a battery, would produce."

Frankly, Dr. Fenger said that the historical fate of electrolysis in strictures, as well as elsewhere, up to date, has invariably been the following: Ever since Tripier, in 1864, and Mallez, in 1872, applied the electrolysis in strictures of the urethra, this method of treatment has come to the surface once every two or three years only to disappear again, and it has never been able to take any hold on the profession; not because it has not been tried, but rather because it has not been found superior, or even equal, to the other methods. Dittel states that, on the rather promising representations of Tripier and Mallez, he tried electrolysis in three cases of very narrow stricture. It proved of no effect in any of the cases, and in one of them a local inflammation followed. Sir Henry Thompson does not even mention the electric treatment anywhere in his writings about strictures, but warns very emphatically against any method of cauterization. König says, in a very short appended notice, that only the short and soft strictures depending upon a polypus or warty growth of granulation-tissue are proper objects for cauterization, either chemical (Duchamp), or galvano-caustic (Middeldorf). Otis, our American authority in this line of surgery, does not mention electrolysis with a word.

Newman, of New York (*Medical Record*, August 12–19, 1882), is not only the advocate of electrolysis in this country, but has written so assiduously and specified the method so minutely as to have it termed, in the foreign literature, "Newman's method." In 1882, Newman's old and new cases numbered twenty-three only. In reporting Newman's articles for Virchow's *Jahresbericht*, Güterbock, of Berlin, says that "Newman's method has already, in 1872 and 1876, been criticised so thoroughly that not much more need be said about it." Dikmann, in New York *Medical Record*, Jan. 5, 1884, reports twenty-eight cases. Gräf, in Norway, reports, in 1884, two cases treated by "Newman's method," and Verneuil, in

1884, recommends Jardin's "electrolyse lineavu"—that is, cauterization.

Thus the electrolytic treatment of stricture has been tried off and on for over twenty years, but has only taken hold here and there, sporadically, and for a short time. It has in the urethral, not any more than in the other fields of surgery, as yet to any extent replaced the more rational treatment by mechanical means.

The electrolysis may, however, have a further trial, and if the success in extensive resilient strictures, as in one of Dr. Belfield's cases, should prove to hold good for other cases of that kind, it is possible that this treatment will have a better fate in the future than it has had in the past.

DR. R. TILLEY said he did not consider electrolysis to be the proper term to be used in connection with the use of electricity in the manner suggested. Electrolysis, in the ordinary acceptation of the term, means the decomposition by electricity of water, or tissues, being in the nature of a chemical decomposition. He would like to know how far apart the electrodes were placed. (Dr. Belfield replied that the negative electrode was placed in the urethra, and the positive pole in any position on or near the penis, according to the effect intended.) He could not see how electrolysis could be produced with the electrodes so far apart, and a weak fluid, without a cauterizing effect. From his extensive experience of cocaine in producing contraction of the tissues in the nose, he would expect to secure as good if not better results, reasoning by analogy, in its use in strictures of the urethra as in the use of electricity. He would think its internal application would be followed by wonderful results.

DR. W. T. BELFIELD closed the discussion by saying that in reply to Dr. Fenger's criticism that these strictures were not impermeable, he would remind him that he called six of them "theoretically permeable, practically impermeable;" that is, a feeble stream was forced through, but no instrument could be introduced. The remaining three were absolutely impermeable to urine as well as instruments. They were water-tight, the bladder in each case being immensely distended. Dr. Fenger, in the cases where he attempted electrolysis, evidently made the usual mistake: he employed a strong current and *cauterized*, but did not electrolyze, the stricture. With a proper current he would probably have a better result. Sir Henry Thompson and Prof. Dittel do not, it is true, endorse electrolysis; but he knows that neither of them has ever fairly tried it; they have contented themselves with the vague, unfavorable verdict of those who, having once or twice misused the current, attribute to the battery the faults which belong to themselves. Thompson's conservatism and intolerance are notorious; he bitterly opposed Bigelow's litholapaxy (without trying it) until it was adopted by everybody else.

Possibly, as Dr. Fenger says, these is no "urgent necessity" for any other method than urethrotomy and dilatation; but surgeons who have to treat many such strictures as those described in the paper under discussion, think otherwise. These methods certainly possess one point of national economic value which electrolysis lacks, namely: they assist in repressing the excess of population by quietly removing many patients.

Electrolysis "bobs up" and down only when ignorantly used; when properly employed it comes to stay.

To Dr. Tilley he would say that the action is properly termed "electrolysis;" it is the same effect as is seen in the decomposition of water, and is produced by the same current. During the action of the current a white foam and bubbles come up alongside the instrument. Cocaine causes contraction of blood-vessels in the urethra as well as in the nose; but it can not, so far as he is aware, remove cicatricial tissue in either locality.

In conclusion, he would repeat that the secret of success lies in securing chemical force and avoiding heat; the former removes the stricture easily and painlessly, the latter causes violent inflammation and sloughing.

OSTEO-PLASTIC RESECTION OF THE FOOT.

DR. C. FENGER then presented a patient before the Society with the following words: I wish to bring this patient before the Society to illustrate the results of an operation called "osteo-plastic resection of the foot," and devised by Wladimnoff and Mikulicz. The operation consists in removal of the heel, soft parts and bones, and then uniting the remainder of the foot to the tibia in the position of an artificial pes equinis. As you will see, the patient has on a plaster cast from the toe to below the knee, and is able to walk in this cast without crutch or cane. He limps because the leg operated upon is two inches longer than the other one, and not because of inability to step on the leg. He will have in future to wear a high sole or heel under the well foot. While this plaster cast is being taken off I shall pass round the specimen of the removed heel and say a few words about the operation.

The patient had suffered for one year from a chronic traumatic osteo-myelitis of the tarsus resulting in anchylosis of the joints, fistulæ on dorsal side of tarsus and a loss of substance of the skin of the heel. Pirogoff's or Syme's operation being out of the question, the choice was only between a supra-malleolar amputation and the osteo-plastic resection. This operation was performed fourteen months ago. Union of the bones took place in four to six months, and it is only the subsequent small operations for bringing the toes in dorsal flexion that have required so long a time before the patient has been able to commence to walk.

The plaster cast being now removed, you will find the foot in the axis of the leg in equinus position, the toes dorsally flexed to a right angle with the foot. There is active flexibility of the toes and some active mobility of the foot. This mobility, however, does not take place between the united surfaces of the tibia and fibula on the one side and the scaphoid and cuboid bones on the other; as can be seen by examining the prominences representing the rudimentary newly formed malleoli—but the mobility takes place in the joints of the metatarsus. As to the question

whether these joints will be able to bear the strain of the weight of the body during walking with the foot in this abnormal position, this patient of course proves nothing as yet. But from the other cases operated upon, in all nineteen, we can conclude that we have the right to expect a useful foot for walking. A patient operated upon by Socin, in Basle, is able without boot—the boot devised by Miculicz, which I now pass round for inspection—or cane to walk, but can walk all day long and perform a farmer's work in the field. You will further notice that the walking surface of the foot, being the plantar surface of the heads of the metatarsal bones and the toes, is considerably larger than the surface which either a Syme's or a Piragoff's operation would leave the patient to walk on. This, together with the active mobility of the toes, is regarded as an advantage that functionally places the osteo-plastic resection superior to the two other operations mentioned.

We find by examining the foot everywhere painless on pressure, and consequently there is nowhere any recurrence of the disease.

Mikulicz feared that the anterior tibial artery might not be sufficient for the blood-supply of the foot, his method of operating dividing all the branches of the posterior tibial artery. I had the same apprehension, and changed the incision so as to save one of the terminal branches of the last-named vessel, namely, the internal plantar artery. This fear is not unfounded, as in one of Sordina's cases operated upon according to Mikulicz's description, gangrene of the foot necessitated supramalleolar amputation on the fourth day. The mortality of the operation is as yet none, but as all the nineteen cases have fallen within the last few years except Wladimnoff's, and consequently have been treated antiseptically, it cannot be said that the danger is less than either in Syme's or Pirogoff's operation. There is no doubt that the functional results are far superior to that of a supramalleolar amputation even if the patient will always have to wear the Mikulicz boot. Consequently it may be safe to say that osteo-plastic resection has already a legitimate place, although perhaps as yet not strictly enough defined, in the surgery of the tarsus.

FOREIGN CORRESPONDENCE

LETTER FROM PARIS.

(FROM OUR OWN CORRESPONDENT.)

Origin of the Blood, from a Medico-legal Point of View—Death of Professor Bouchardat.

Dr. Masson, Pharmacien-major in the French army, has published an essay on *The Origin of the Blood, from a Medigo-legal Point of View.* The difficulties attending this class of researches are very great, and the expert is often placed in an awkward predicament when called upon to give his opinion in a court of justice. M. Masson has endeavored in his essay to facilitate these researches so that the expert may always be ready with a definite reply as to whether a blood-stain was produced by the blood of a man or an animal. After giving the different modes of procedure to ascertain this fact, the author states that the great cause of the alteration of fresh blood globules resides in the dampness of the medium or vehicle in which they are contained, the effect of which is to prevent the evaporation of the water of the plasma. In dried blood, the globule resists for a much longer time the causes of alteration; no liquid can regenerate the altered globules. In the mensuration of the globules by the microscope, we may obtain an approximation of one-fifth of a micromillimetre, but in reality, a variation of this infinitesmal quantity does not permit of any differentiation. Moreover, in consequence of the great variability of the globular dimensions in the same species in a physiological state (Hayem), and particularly in a pathological state, (Kelsch found them augmented in volume in impaludism, and Malassez in chlorosis; according to this last author, the dimensions of the globules are reduced in cancer), the experiments must take a great number of mensurations and then strike an average.

It is advisable to have at least five series of 30 mensurations, in five sittings and on five different preparations. In operating on dried blood with the liquid of Virchow (solution of potash at 30 per cent.) the conclusions arrived at are as follows: the mean diameter of hæmatics being superior to $\frac{1}{130}$th part of a millimetre, the blood may belong to a man, a guinea-pig, a dog, a rabbit. Below $\frac{1}{135}$th part of a millimetre, the blood does not very probably belong to a man, but to one of the animals which, after him and the guinea-pig, possesses the greatest number of globules. Below $\frac{1}{140}$th of a millimetre the blood does not certainly belong to a man. The author incidentally mentioned that the presence of nuclei can alone permit one to pronounce between the blood of oviparæ and that of mammifers.

Dr. Bouchardat, the eminent Professor of Hygiene at the Paris Faculty of Medicine, died on Thursday, April 8, in the 80th year of his age. He occupied this chair for thirty-four years, from which he had to retire not only on account of his great age, but because he was affected with deafness. He took his degree in 1832 and was soon after promoted to Agrégé. He was elected Member of the Academy of Medicine in 1850, and became its President in 1866. His funeral took place in the midst of a large concourse of friends and colleagues, but according to his desire there was no official representation. The chief mourners were his two sons, one of whom is a Surgeon-Major in the French Army, and the other a professor at the School of Pharmacy. The President of the Academy of Medicine at its meeting, April 13, after having retraced in touching terms the long scientific career of the lamented Professor, closed the meeting without proceeding any further, as a mark of respect.

A. B.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Memorial Exercises in Honor of Dr. Flint—Pelvic Abscess in the Male—Second Trial of General Shaler—The Vanderbilt Clinic—The "Medical Record" and the Academy of Medicine.

The meeting of the New York County Medical Association, held April 19, was entirely devoted to memorial exercises in honor of the late Professor Austin Flint, and it proved a most impressive and interesting occasion. The mourning decorations which had been put up in the lecture hall of the Carnegie Laboratory at the time of the Bellevue College Commencement last month, still remained in position, and the attendance of members was much larger than at any previous meeting of the Association; being considerably larger than even that at the meeting on the eve of the last annual session of the State Asssociation, in November, when Dr. Flint read the admirable paper on *The Elements of Prognosis in Bright's Disease*, which has since attracted so much attention.

It was deemed advisable to have brief addresses from as many of his associates, friends and former pupils as possible in the time at command, rather than a lengthened eulogy by some specially selected memorialist; and the plan proved a most excellent one. The interest was thus maintained to the very last; while the high attainments, illustrious services and noble character of the departed master were presented in a more striking and varied manner, as viewed from so many different stand-points, than could possibly have been accomplished by any one man.

The exercises were opened by a carefully prepared and effective address by the President, Dr. Charles A. Leale; after which the resolutions, which had been drawn up by a special committee, consisting of the Vice-President, Dr. John Shrady, and Drs. E. S. F. Arnold and J. W. S. Gouley, were read by the Chairman, Dr. Shrady. The first, after the reading of the resolutions, to pay his tribute of affection and respect to the memory of Dr. Flint, was Professor Lewis A. Sayre, who spoke in a most feeling manner, and in the course of his remarks alluded to one of his traits which was especially worthy of imitation by all. This was the lifelong habit of always setting about, at once, whatever he had to do; so that nothing ever came from his pen which was not complete and perfect in every detail. In illustration of this, he stated that since Dr. Flint's death, there had been found among his papers the address which he was to have delivered in August next before the British Medical Association, and which, even at this early date, was already entirely finished. When this fact was known to the authorities of the Association, he had no doubt that they would request a copy of it for publication with the proceedings of the year's session.

Among the others by whom addresses were made were the following:—Prof. Wm. H. Welch, of the Johns Hopkins University, Baltimore; Dr. T. R. Varich, of Jersey City, Surgeon-General of the State of New Jersey; and Drs. E. G. Janeway, J. Lewis Smith, J. D. Bryant, F. E. Dennis, Isaac E. Taylor, Ellsworth Eliot, H. M. Biggs, and George L. Peabody, of the Association. A touching tribute was also paid by Prof. Frank H. Hamilton, who was associated with Dr. Flint and the late Dr. James P. White in founding the Buffalo Medical College.

Letters of regret were then read by the Secretary, Dr. P. Brynberg Porter, from Prof. N. S. Davis, of Chicago; Dr. E. M. Moore, of Rochester, President of the New York State Medical Association; Dr. E. D. Ferguson, of Troy, Secretary of the Association; Dr. Joseph R. Hutchinson, of Brooklyn, and Dr. Wm. Detmold, of this city, the first President of the County Association. A large number of other similar letters were received from members, as well as invited guests from a distance. The Association will, no doubt, publish an official account of this memorial meeting, and in it will be included series of resolutions passed by the Association of Physicians, Louisville, Kentucky, and by the Erie County Medical Society, which were not received in time for the meeting.

At the meeting of the Academy of Medicine on April 15, Dr. T. Herring Burchard read a paper on *Pelvic Abscess in the Male*. Dr. Burchard has met with five cases of pelvic abscess in his personal experience, and he gave the detailed histories of all of them in his paper. That of the last and most interesting one, however, will suffice here: Peter Murphy, aged 28, married, a porter by occupation, always temperate, and robust and strong up to March, 1882, at which time he was suddenly seized, after some unusual exertion, with sharp pains in the right iliac fossa, which lasted thirty hours. This paroxysm terminated in a dull, heavy pain, which extended across the hypogastrium, into the left iliac region, and which continued with greater or less severity up to the time of his operation.

In June, 1884, he was admitted to St. Luke's Hosdital, suffering from the same intense pain. Poultices were applied, but no suppuration occurred. In the following August, after several unsuccessful aspirations, an abscess of the right lumbar region, midway between the iliac crest and ribs, was evacuated by the late Prof. James A. Little. The case was regarded by him as one of perityphlytic abscess. At this time the patient's condition was very bad; with severe, steady pain deep in the pelvis and perineum, and darting pains extending through the rectum into the right testicle and down the sciatics. There was also priapism, with involuntary nocturnal emissions. In December, a second abscess was opened by Dr. Little. Although suffering more or less constant pain, his health improved during the winter; but in March and July following, other abscesses formed in the side and on the body of the ilium. These were also opened. In August and September he had the pain and constitutional disturbance of forming abscesses, but five incisions failed in giving vent to pus.

October 5, patient's health evidently failing. All the old pains have returned. A careful examination, under ether, was made; but, owing to the thickness of the abdominal walls from fat, this was very unsatisfactory. Rectal examination revealed nothing. A localized phlegmon over the ilium, two inches below and to the front of the posterior superior spinous process was opened, and carious bone detected. This was removed by gouge and augur. The superficial caries led into a larger abscess cavity in the ilium, and this in turn communicated, by a direct opening, with the iliac fossa. The finger, introduced through the bone, could detect nothing abnormal within the abdomen. The carious bone being thoroughly removed, a lint of bichloridized oakum was introduced through the ilium, and the wound partially closed.

October 29. After great pain, referred to the hypogastrium, right iliac region and right testicle, another abscess formed, and discharged through the opening in the bone. The source of this could not be detected, and both external and rectal examinations failed to throw light on the case.

In the early part of December another abscess formed within the pelvis, but instead of discharging through the opening in the ilium, pointed over the crest, and was evacuated at this point. The patient's condition was now critical in the extreme. He was rapidly losing strength and flesh, and was being worn out with constant pain and suppuration; while albumen, with hyaline casts appeared in his urine. It was felt that something effective ought to be done, and yet there was nothing tangible upon which to found a diagnosis, beyond the fact that at irregular intervals abscesses in the right iliac region would form and discharge. Repeated examinations were negative in results; but the indications clearly were to open the abdominal cavity (of course employing every antiseptic precaution), and, if possible, by s ripping up the peritoneum from the right iliac fossa, to seek and remove the source of irritation.

Operation.—St. Elizabeth's Hospital, February 1, 1886; Drs. H. Marion Sims, Mandeville, and C. W. Stimson, assisting, An incision was made commencing just above and posterior to the posterior inferior spinous process of the ilium, and following the bone downwards for a distance of five inches. The dissection was carried through the abdominal muscles, and the peritoneum exposed. This Dr. Burchard endeavored to detach from the subjacent fascia, but so firmly adhered was it that, in spite of very gentle manipulation, it tore. A flat sponge was introduced through the laceration, to hold back the intestines, while with the hand a thorough exploration was made. Almost immediately a mass of adhesions was found that led to an abscess cavity which occupied the posterior half of the fossa, and extended, like a great sinus, directly from the ilium on the line of the pelvis and down into its cavity. No dead bone could be detected. The sinus having been laid open, its walls, which were almost cartilaginous, were thoroughly revivified with a dull curette. The sinus through the bone was likewise curetted, and some carious bone removed. Two drainage-tubes of soft rubber, eight inches long, were carried directly to the bottom of the sinus, and the whole thoroughly irrigated with a solution of the bichloride of mercury, 1 to 2000. The abdominal wound was now closed with deep and superficial sutures. The incision leading through the bone was kept open, and dressed from the bottom with iodoform and bichlorodized oakum. A superficial dressing of borated cotton was made over all.

The patient rallied nicely. On the third day the temperature rose to 102⅕°. and the pulse to 120, and there was a very slight circumscribed peritonitis. On the sixth day the patient's temperature was practically normal, and the discharge from the tubes scarcely amounted to half a drachm. After this the tubes were shortened gradually, and at the end of three weeks were entirely removed; firm granulations having filled up the cavity of the sinus. The opening through the bone has likewise been filled in with new tissue, and is now closed. Dr. Burchard then said that he had the pleasure of exhibiting the patient to the Academy in better health than he has enjoyed for years; and he certainly presented all the appearances of a man in robust physical condition.

In the second trial of General Shaler for bribery in connection with the selection of an armory site for one of the militia regiments, the jury has again disagreed, this time standing four for conviction and eight for acquittal. On the 26th of April is set down General Shaler's trial before the Mayor, on a charge of malfeasance in office as President of the Board of Health.

On April 24th the corner-stone of the new building of the College of Physicians and Surgeons was laid by Mr. George W. Vanderbilt, the youngest son of the dead millionaire, Mr. Chauncey M. Depew delivering the address. The four sons have just donated $250,000 for the erection and maintenance of a building for clinical purposes, to be known as the "Vanderbilt Clinic," which makes the total gifts of the Vanderbilt family to the College amount to about $1,000,000. P. B. P.

P. S.—The New York *Medical Record*, it will be seen, has seen fit to take your correspondent to task for the reference made in his last letter to the recent changes in the constitution and by-laws of the New York Academy of Medicine, which it thinks "will be looked upon as unwise and unnecessary, if not actually malicious." Certainly nothing was further from his thoughts than any idea of maliciousness when he wrote it; but it did seem right to him that when a body of such high standing and influence, as the Academy of Medicine, deliberately cuts itself off, to a certain extent at least, from the profession throughout the country, this fact should be known to the profession at large. The course which the Academy has pursued, it need hardly be said, has been most painful to many of those who have hitherto been among its best friends and most efficient and earnest supporters.

Even in the best regulated folds black sheep are apt to be found; but if one is to accept the statements of the *Record*, the Fellows of the Academy are all very much in the blissful condition of certain

perfectionists in some of the religious bodies, who claim to have attained such a state of sanctity that they cannot commit any sin. It is not to be supposed that the Academy would take into its fellowship any one who was known to be a thief and blackleg; but if it should afterwards be found that any of its Fellows were of such a character, it would certainly seem desirable that it should have some means for getting rid of the offending members. As to whether any irregular practitioner will ever be received by it (against which, as has been pointed out, there is no restriction whatever in the constitution or by-laws), seems likely to depend on the men composing the committee on admissions hereafter. When the application of a candidate has been favorably acted upon by this committee, it is an almost unprecedented thing for the applicant to be blackballed; and, in the growing laxity of feeling as regards irregulars in this community, it is not by any means inconceivable that at some time a committee on admissions may give its endorsement to the application of a candidate of the kind alluded to.

Since the last letter was written a case has become known which would not have been referred to at all in this correspondence except for the strictures of the *Record*, but which furnishes a somewhat striking commentary on some of the statements made in that letter. A Fellow of the Academy having done some action (which need not be mentioned here) believed to be worthy of censure a member of the Council, a gentleman of refinement and great eminence in the profession, was asked to remonstrate with him in regard to the supposed offence; but when the latter attempted to do this, on more than one occasion, if the writer is correctly informed, he was coolly greeted with the polite advice to "go to h—ll." Now what can the Academy do about it? In former times the course to be pursued would have been sufficiently plain, and there would have been no hesitation in taking suitable action.

INJUSTICE TO DR. BARNES.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—My attention was to-day called to an editorial in your journal of the 10th inst., under the heading of "Injustice to Fancourt Barnes," which does me great injustice. I therefore request that you give this note equal prominence in an early issue.

My name having been misprinted "Cutler" in the review, and the fact that Barnes's book contains a greater number of words than mine, are claimed as proofs that the reviewer was not familiar with either book. A careful comparison shows that Dr. Barnes copied *all of my words and definitions*, with one or two exceptions. Most of the errors copied could not have been made so continuously and peculiarly alike had not the printer of Barnes's book used my printed page as part of his copy. Such uniform, exact and constant repetition of definitions, punctuation, etc., in their sequence throughout several thousand words could have occurred in no other way. Barnes's book contains very few strictly *medical* terms not found in mine. The mass of his padding consists of chemical, botanical and pharmaceutical terms to be found in all the general dictionaries. A prominent journal, in reviewing Barnes's book, said that his additions were "*not particularly or at all scientific*." In many cases, after giving certain of my words and definitions, he has repeated the same word and given another combination of definitions, evidently taken from the common dictionaries. The remark that "Barnes's dictionary contains errors in words that are not in Cutter's dictionary at all, and other errors in words that are correctly given by Cutter," is very true, and many of them present evidence that Barnes was not capable of writing an original work of the kind.

I assert that no "injustice in regard to this matter has been done to Dr. Barnes in this country," and that this claim of piracy is not a fable; neither is Dr. Barnes's book superior to mine, as a comparison of the two books will show any person capable of judging which is most reliable. I cannot expect to be afforded the space for citing the many facts at my disposal in proof.

In the concluding paragraph of your editorial it is stated that the firm who imported Barnes's book voluntarily, and without investigation, returned their importation to England. This suppression of Barnes's book did not take place until after a considerable correspondence, and a suit was about to be commenced. My counsel had prepared overwhelming proof that Barnes had pirated the whole of my book. I wrote to this effect to all the prominent British journals of medicine, but, with one exception, they refused to publish. So much for simple justice to one not in the country to defend himself.

My dictionary was an original work, exactly as claimed in the preface, and was the product of years of hard study. To steal such a work is to inflict a much greater injury than the reprinting of an essay or work of that nature. I should not have even protested had it been simply reprinted in England as "Cutter's Dictionary." I have no quarrel with any one, but I shall certainly protect my rights.

Respectfully, G. R. CUTTER.

52 Bedford Ave., Brooklyn, N. Y., April 17, 1886.

THE ADDRESS IN MEDICINE BEFORE THE BRITISH ASSOCIATION.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—I hope you will not take it amiss if an humble reader of THE JOURNAL dissents from your editorial statement in connection with the selection of Dr. J. S. Billings, of the Army, "to deliver the address in Medicine before the next meeting of the British Medical Association in place of the late Professor Austin Flint," that "the well known ability of Dr. Billings and his familiarity with general medical literature, makes the selection one *eminently* proper." The ability of Dr. Billings is, of course, well known, and his familiarity with general medical literature is unquestioned, but a great many have presumed to doubt whether the selection of a bibliothecary, however noted and conspicuous, who has often disclaimed any practical acquaintance with disease, who has probably not written a prescription for twenty years,

and who would not presume to undertake the charge of a sick person, is one "eminently proper," while such famous pathologists live as Henry I. Bowditch, Francis Minot, Albert L. Loomis, Henry W. Draper, Francis Delafield, William Pepper, James Tyson, James T. Whittaker, Wm. H. Welch, Palmer Howard, N. S. Davis, and a dozen more. If the British Medical Association does not know of these men, the British Medical Association has much to learn.

PHYSICIAN.

CAUTERIZATION OF THE CERVIX UTERI, A REMEDY FOR THE OBSTINATE VOMITING OF PREGNANCY.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In THE JOURNAL of to-day, April 24, is a letter from Dr. M. O. Jones, of this city, taking Dr. Jos. Taber Johnson, of Washington, D. C., to task for forgetting to credit the writer with originating the treatment by nitrate of silver of the vomiting of pregnancy. It seems Dr. Jones suggested this method to Dr. Sims in 1872. Dr. Sims regarded it as original, wrote in the *Lancet* concerning it soon afterwards, and gave it the stamp of advanced knowledge. It never struck me that way by reason of the following quotations. In Bennet's work on the Uterus,[1] he says:

"The discovery of the frequent existence of inflammation, with or without ulceration, during pregnancy, is one of vital importance, inasmuch as it affords a key to most of the accidents and morbid symptoms of the pregnant period. It appears to have escaped the notice of all the Continental writers—such as Lisfranc, Duparcque, etc.—who have recently paid attention to uterine diseases, and no English work or publication on midwifery or the diseases of women contains *the most distant allusion* even to the possible existence of such disease during the pregnant state." But twenty-four years before this date, in 1840, Bennet says that M. Boys de Loury called his attention to it. And he adds: "I believe that I am authorized to attribute to M. Boys de Loury this important discovery, as I certainly never heard any other practitioner before him allude in the most cursory mannner to the subject, and I am not acquainted even with a hint respecting it in the entire range of medical literature. M. Boys de Loury's discovery was briefly noticed in 1843, by one of his house physicians, M. H. Costilhes, in a thesis sustained before the Paris Faculty of Medicine. M. Costilhes's cursory notice was the only one that had appeared of this pathological fact in any language when the first edition of the present work was published. Since that time I have devoted great attention to the elucidation of *inflammatory disease of the cervix* and to chronic metritis generally *during pregnancy*, and have ascertained that they are of frequent occurrence, that they are the *keystone* to the diseases of the *pregnant state*, and the most *general cause* of laborious pregnancy, *obstinate sickness*, moles, abortions, miscarriages, and hæmorrhage. The results of my researches on these points as contained in the present chapter, were read before the physiological Section of the British Association at Southampton on September 11, 1846.

——[1] Sixth edition, 1864, pp. 144, 145.

"The influence of *inflammation of the uterine neck*,[2] as of the uterus generally, on the *functions of digestion*, is *perhaps the most marked*, the *most important*, and *the most common of all the sympathetic relations* which we have to study; nor can we be surprised, when we consider how intimate the connection is between the *uterus* and the *stomach* in the *physiological state*. *As an illustration of this* physiological connection, I would again recall to mind *the sickness* that generally accompanies the increased vital activity of the *uterus* during the *first months of pregnancy*." (Page 104.)

"In some cases vomiting constantly takes place after food, and even at other times. When this is the case, the body of the uterus is often implicated, *and all remedies may fail permanently to arrest the vomiting until the uterine disease be subdued*." (Page 107.)

"The *dyspeptic symptoms* observed in obstinate leucorrhœa are nearly invariably the result of the *sympathetic reaction* on the *stomach* of the inflammatory disease of the uterine neck" (p. 103). These quotations are from the chapter dealing with married women. Now let us see what Bennet says of the treatment:

"The only caustic that can be used with advantage *in inflammation of the cervix without ulceration or hypertrophy is the nitrate of silver, which acts*, however, more as an *astringent than as a caustic*" (p. 237).

"The *existence of pregnancy*, so far from being an obstacle to the local treatment of inflammatory and ulcerative *disease* of the *uterine neck*, is a *strong reason why* it should be adopted and carried out without delay." . . . "During the first six or seven months, . . . it is the *absolute duty* of the medical attendant to treat the disease, as by curing the ulceration, or even by modifying its irritability, not only is much suffering spared to the patient, but abortion is often prevented. The local treatment must consist in astringent injections and cauterization with nitrate of silver, . . ." (p. 296).

Again: "This has emboldened me to apply them (*the above remedies*) in the early stages of pregnancy in some females in whom repeated abortions had occurred, with a *view to diminish congestion* and to *carry on gestation*. I have done this repeatedly with success." (p. 297.)

It is perfectly clear that Bennet treated the congested cervix of the pregnant female to overcome the sympathetic irregularities of the digestive organs, and to use his own language, "I have devoted great attention to the elucidation of inflammatory disease of the cervix and to chronic metritis generally *during pregnancy*, and have ascertained that they are of frequent occurrence, that they are the *keystone* to the diseases of the pregnant state, *and the most general cause of laborious pregnancy, obstinate sickness*," etc. Who can fail to see that the pathology of this matter belongs to M. Boys de Loury, stated by him in 1840, and that Bennet laid down the treatment in 1846 at Southampton, twenty-six years before Dr. Jones presented it to Dr. Sims at Chicago as a new idea. Very respectfully,

R. STANSBURY SUTTON, M.D.

419 Penn Ave., Pittsburgh, Pa.

[2] All italics are mine.

BOOK REVIEWS.

THE ESSENTIALS OF HISTOLOGY, DESCRIPTIVE AND PRACTICAL, for the Use of Students. By E. A. SCHÄFER, F.R.S., Professor of Physiology, University College, London, etc. 8vo. Philadelphia: Lea Brothers & Co. 1885.

The author of this book is well known, and is recognized as a writer of authority. He has attempted in this volume to supply the student with directions for the microscopical examination of the tissues, at the same time describing the essential facts of the science so as to make a complete elementary text-book on histology.

Each chapter is prefaced by a few paragraphs in which directions are given as to how specimens must be prepared for examination. These are detailed and will enable a student readily to demonstrate all that is essential in the histology of the various tissues and organs. The book is most excellently illustrated. It will undoubtedly be found very useful by many teachers and students in college, as well as by those who are working by themselves and to whom the practical suggestions of the book will be particularly useful. Dr. Schäfer is so well known to pathologists and students of histology for his exceedingly careful work and natural abilities, that it seems unnecessary to give any detailed account of his work.

AN ATLAS OF CLINICAL MICROSCOPY. By ALEXANDER PEYER, M.D. Translated by A. C. GIRARD, M.D., Assistant-Surgeon U. S. Army. First American from second German edition, with additions. Ninety Plates, with 103 Illustrations, Chromo-Lithographs. New York: D. Appleton & Co. 1886.

This book is handsomely illustrated by well drawn original figures. It covers a field that has not been perfectly covered before. The aim of the work is to furnish illustrations of the objects seen in the various secretions, excretions and exudates commonly examined for clinical purposes. The text is brief and will serve chiefly as a guide to rather than as a full explanation of the objects illustrated. The scope of the work can be better comprehended by quoting the titles of its main divisions: 1. Microscopic Examination of the Blood; 2. Of the Milk; 3. Of the Urine; 4. Of the Sputum; 5. Of the Stool; 6. Of the Contents of the Stomach; 7. Of Fluid from Abdominal Tumors; 8. Of Secretions from the Female Sexual Organs; 9. Various Micro-organisms Provoking Disease. Each subject is considered in detail. For example, from urinary sediments the various forms of crystalline bodies are shown, blood, pus, tube casts, mucus, all forms of cylinder or tube casts, epithelium, spermatozoa, and so forth. The drawings, with the exception of only two plates, are original with the author. A reference book of this kind has long been needed by students of clinical medicine, and this one will certainly be found useful. It is fortunate that the translation has been made by one who is familiar with the subject.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 6 and 7, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State Medical Societies and such County and District Medical Societies *as are recognized by representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send to him, annually, a corrected list of the membership of their respective Societies.

SECTIONS.

"The Chairman of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . ."—*By-Laws*, Art. 11, Sec. 4.

Practice of Medicine, Materia, Medica and Physiology.—Dr. J. T. Whittaker, Cincinnati, Ohio, *Chairman*; Dr. B. L. Coleman, Lexington, Ky., *Secretary*.

Obstetrics and Diseases of Women and Children.—Dr. S. C. Gordon, Portland, Me., *Chairman*; Dr. J. F. Y. Paine, Galveston, Texas. *Secretary*.

Surgery and Anatomy.—Dr. Nicholas Senn, Milwaukee, Wis., *Chairman;* Dr. H. H. Mudd, St. Louis, Mo., *Secretary*.

State Medicine.—Dr. John H. Rauch, Springfield, Ill., *Chairman*; Dr. F. E. Daniel, Austin, Texas, *Sec'y*.

Ophthalmology, Otology, Laryngology.—Dr. Eugene Smith, Detroit, Mich., *Chairman*; Dr. J. F. Fulton, St. Paul, Minn., *Secretary*.

Diseases of Children.—Dr. W. D. Haggard, Nashville, Tenn., *Chairman*; Dr. W. B. Lawrence, Batesville, Ark., *Secretary*.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago. Ill., *Chairman*; Dr. A. E. Baldwin, Chicago, Ill., *Secretary*.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the

Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Le Grand Atwood, St. Louis, Missouri, *Chairman.*

AMENDMENTS TO BY-LAWS.

By Dr. Foster Pratt, Mich.—Each Section shall nominate its Chairman and Secretary—all other nominations to be made, as now, by the nominating Committee.

By Dr. I. N. Quimby, N. J.—Create a new Section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M.D.,
Permanent Secretary.
1400 Pine St., S. W. cor. Broad, Philadelphia.

PROGRAMME OF SURGICAL SECTION.—*Tuesday.*—Dr. William M. Mastin, of Mobile, Ala., "Venous Blood Tumors of the Cranium in Communication with the Intra-Cranial Venous Circulation, especially the Sinuses of the Dura Mater"; Prof. Moses Gunn, of Chicago, "On the Value of an Attempt at Enucleation in a Neuroma which seems to demand Resection of the Nerve, illustrated by a case"; Dr. B. A. Watson, of Jersey City, "Fibre or Spindle-celled Sarcomatous Tumors, with the report of a case and presentation of the specimen"; Dr. Joseph Ranssohoff, of Cincinnati, "Treatment of Thoracic Aneurisms by Introduction of Wire, with a case"; Professor E. Andrews, of Chicago, "Incisions and Drainage of Lumbar Abscesses."

Wednesday.—Prof. Christian Fenger, of Chicago, "Osteoplastic Resection of the Foot; Excision of the Heel"; Dr. W. T. Belfield, of Chicago, "Digital Exploration of the Bladder, with report of twelve cases, including five Vesical Tumors and two cases of Prostatotomy"; Dr. Robert Newman, of New York, "Galvano-Caustic in Diseases of the Prostrate Bladder and Urethra"; Prof. E. E. Glover, of Terre Haute, Ind., "The Treatment of Anal Fistula associated with Phthisis"; Dr. J. T. Jelks, of Hot Springs, Ark., "Stricture of the Urethra."

Thursday.—Dr. Theo. A. McGraw, of Detroit, "Experimental Researches with reference to Sutures of the Intestines"; Prof. S. McF. Gaston, of Atlanta, "Surgical Relations of the Ilio-Cæcal Region"; Dr. Henry H. Smith, of Philadelphia, "What is the Proper Treatment of Penetrating Wounds of the Abdomen," being the opening remarks on the discussion of the subject, with discussion by Dr. B. A. Watson, of Jersey City, Dr. J. McF. Gaston, of Atlanta, Dr. E. H. Gregory, of St. Louis, and Dr. H. H. Mudd, of St. Louis; Dr. Henry O. Marcy, of Boston, "Hernia and the Best Method of Cure"; Dr. R. Harvey Reed, of Mansfield, Ohio, "Some of the Complications in Strangulated Hernia."

RAILWAY CERTIFICATES TO THE ASSOCIATION MEETING—SPECIAL NOTICE.—To delegates and others who will attend the meeting of the American Medical Association, St. Louis, May 4 to 8: Parties located east of Buffalo, Niagara Falls, Pittsburgh and Parkersburg, will apply by mail to Secretary of Trunk Line Committee, 346 Broadway, N. Y., for certificates. Parties west of points named above and east of the Mississippi River, and north of the Ohio River, will apply to Geo. H. Daniels, Commissioner C. P. C., Chicago, Ill., for certificates. Parties south of the Ohio River, and east of the Mississippi River, will apply to M. Slaughter, Commissioner, Richmond, Va. Parties from Missouri River points, and from Chicago, will apply to E. P. Wilson, Arbitrator, Chicago. Points in the west and local points on the lines centering in St. Louis, will be arranged for, by agent at starting point or upon arrival here.

Delegates in making application to the above named persons for a certificate, must not forget to enclose a two cent stamp to pay postage on the return letter enclosing to them the certificate. This must be done to insure the certificate being sent. Any delegate who fails, after making every effort, to get a certificate in due form, will take a receipt from the ticket agent at the point from which he starts, for amount of full fare paid by him, coming to the meeting; and in this receipt be particular to have named the form and number of ticket, and the road over which he will come. If not directly on one of the lines entering into this arrangement of reduced rates, pay your fare only to it, and then pay your full fare from that point, securing your certificate or receipt as above directed. State, County or City Societies can apply for the number of certificates they may wish, and have the number wanted sent in one envelope instead of applying individually.

Round trip tickets from Chicago, Ill., also from New York (339 Broadway), Richmond, Va., and Washington City, D. C., by Chesapeake & Ohio Railroad, from Philadelphia via Penn. Central and B. & O.

Members of the American Medical Association, or members of any medical societies, who may see the above, will please report it to individual members, or their societies, and try to get a notice of same in their city or county newspaper.

R. M. JORDAN, M.D.,
Chairman Transportation Committee.
St Louis, Mo.

RAILWAY FACILITIES TO THE ASSOCIATION MEETING.—The regular through trains of the Illinois Central Railroad from Chicago to St. Louis will afford excellent accommodations for delegates who wish to attend the meeting of the American Medical Association at St. Louis the first week in May. The night express, with Pullman sleeping cars, leaves Chicago at 8:30 P.M., and arrives in St. Louis at 7 A.M. The rates are $7.50.

The rates on the Baltimore and Ohio Railway for those coming from the East and South-east are full fare coming and one-third fare returning.

RAILROAD FARES.—The Boston & Albany Railroad will, upon application at their office, 232 Washington St., Boston, sell to delegates and *their families* tickets to St. Louis and return for one and one-third fares for round trip. A parlor car, to run through from Boston to St. Louis, will be attached to the train leaving Boston at 3 P.M., May 1st.

MISCELLANEOUS.

IN MEMORIAM — AUSTIN FLINT, M. D., LL. D.— At a regular meeting of the New York County Medical Association, held April 19, 1886, the following was unanimously adopted:

WHEREAS, It has pleased God, in the exercise of His Divine Will, to remove from the sphere of his usefulness our esteemed co-worker, Austin Flint, M. D., LL.D., revered abroad, but best loved at home; and

WHEREAS, It is but proper that we take to ourselves that consolation which comes from the rehearsal of his many virtues; Therefore, be it

Resolved, That as an Association to whom he gave his latest work, and ever his cherished counsel, we add our own to the many other testimonials of his worth;

Resolved, That we recognize in him an author of marvelous industry, who has made his impress on the medical thought of the age, modest and just, but still a master of deliberate statement, conscientious in the recognition of the labors of others, and despising not the humblest contributor to that science to which he devoted his life; a practitioner of his art without device, zealous for the dignity of his calling, suave, considerate and gentle; one who worthily gained the gratitude of his patients and will ever live in their most blessed memories; a consultant who dispensed rich stores of knowledge, ever judging kindly, more careful of the rights of others than his own, cheery and abounding in charity for his brethren; a teacher, hand-in-hand with his pupils, analytical, pains-taking, less eager for glory than exactness, ever approachable and always ready with a reason for the faith that was in him; and a man in all the walks of life blameless, "who hath borne his faculties so meek" and "hath been so clear in his great office," and who, laboring to the last, hath fallen in sight of the promised land of his cherished hopes.

And be it also *Resolved*, That we tender to those of his own household and kinship our heartfelt sympathies, knowing well that to his son, his life was a pæan of touching affection, and to his widow one long benediction.

JOHN SHRADY, M. D.
E. S. F. ARNOLD, M. D. } *Committee.*
J. W. S. GOULEY, M. D.

A SANITARY CONVENTION AT KALAMAZOO, MICHIGAN, under the auspices of the State Board of Health, will be held on Tuesday and Wednesday, June 1 and 2, 1886. There will be sessions the first day at 2:00 P.M. and 7:30 P.M.; on the second day at 9 A.M., 2 P.M., and 7:30 P.M.

At each session of the Convention there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated.

The admission to all sessions of this Convention will be free, and the ladies are cordially invited. The invitation is especially extended to health officers to be present and take part in the discussions. The objects of the Convention are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness and deaths, and the improvement of the conditions of living.

Among the subjects which it is expected will be presented and discussed are the following: 1. History of Investigations Concerning Micro-organisms, and the germ theory of disease. 2. Personal duty touching prevention of spreading communicable disease: (*a*) From the standpoint of the lawyer; (*b*) From the standpoint of the clergyman; (*c*) From the standpoint of the health officer. 3. Disinfection. 4. Sanitary condition of public buildings in Kalamazoo. 5. The diseases incident to poverty. 6. Healthy Homes. 7. The need of a public hospital in Kalamazoo. For further information address H. B. Hemenway, M.D., or Rev. M. W. Haynes, Secretaries, Kalamazoo, Michigan.

MEDICAL MISSIONS.—MR. T. FISHER UNWIN is about to publish a work entitled "Medical Missions: their Place and Power." It is written by the Rev. John Lowe, the Secretary of the Edinburgh Medical Missionary Society, and will contain an introduction by Sir William Muir. It will also be further embellished with a medallion portrait of Dr. John Abercrombie, the founder of the above Society.—*Lancet*, April 17, 1886.

MEDICINES FOR INTERNAL AND EXTERNAL USE— By a notice recently issued in the District of Potsdam in Prussia, it is ordered that the directions to be affixed to medicines for internal use shall be written on white paper, and to those for external use on bright red paper, on which writing with black ink is easily legible. The latter must also be distinctly marked "external." An order regulating the color of the paper to be used has existed since 1825, but its provisions have gradually been transgressed; hence the new regulations. Such regulations as that to which allusion is now made, are scarcely calculated to obviate the danger of mishap. Difference in the color of paper is useful, so far as it goes; but it appeals to the sense of sight alone; and, as we have already urged, it should be substituted or supplemented by an appeal to the sense of touch, by a difference in the configuration of the bottles used respectively for "internal" and "external" medicaments.—*British Medical Journal*, April 17, 1886.

DEATH OF DR. HIRAM NANCE. — DR. HIRAM NANCE, of Kewanee, Ill., died at his residence in that place on April 6. He was born in Floyd Co., Ind., in 1822. He graduated at the Missouri Medical College in 1845. He was one of the founders of the Military Tract Medical Society, was one of its first Presidents, and a member at the time of his death, was a member of the Illinois State Medical Society, and for twenty-five years a member of the American Medical Association. He was known throughout Northern Illinois as a leading practitioner, a kind physician, and a man of high personal worth and attainments.

THE GROCERS' COMPANY AND BIOLOGICAL SCIENCE.—A city company officially represented at a lecture on Physiology is surely a sign of the times. So, too, is a lecture, not on the art of dining, but on a novel and somewhat abstruse physiological research, conducted with funds provided by the company. The audience which gathered to hear Dr. Wooldridge's lecture at the University of London, on April 13, contained this unusual element; for in the seat of honor beside the vice-chancellor, were the master and certain members of the Court of the Grocers' Company, and the furs of city magnates were mingled with the plainer robes of the leaders of the medical world. The occasion, therefore, had a special character on this account, but the story which Dr. Wooldridge had to tell had an interest of its own, from the physiological point of view, and may come to have important practical applications in pathology. The peculiar substance which he has isolated from the blood produces clotting within the vessels, with the most extraordinary rapidity, and it has already been found to be notably increased in quantity under certain diseased conditions. Sir James Paget, in a few well chosen phrases, after the lecture, congratulated the Grocers' Company on the public spirit which they had shown in expending a thousand a year in the endowment of research. No immediate practical application of Dr. Wooldridge's observations was perhaps possible; but, said Sir James, when a scientific research comes to have a practical application, it ceases to stand in need of the generosity even of a rich city company.—*Brit. Med. Jour.*, April 17, 1886.

MR. T. PRIDGIN TEALE ON FIREPLACE CONSTRUCTION.—The subject of firegrates may seem one somewhat alien to the surgical mind, but if the studies of Mr. Teale lead to less poisoning of the atmosphere by the products of coal consumption, and to greater warmth of our houses in inclement weather like this, he will have earned the gratitude of the public and of invalids; and if he reduces the cost of coals by one-fourth, he will deserve the thanks of all who in these hard times have difficulty in making ends meet. We shall best describe Mr. Teale's views as to the principles of domestic fireplace construction by quoting his rules, which he states with great brevity, and which are as follows: 1. As little iron as possible is to be used. 2. The back and sides of the fireplace should be of brick or fire-brick. 3. The firebrick back should lean over the fire, and not lean away from it. 4. The bottom of the fire, or grating, should be deep from before backwards, probably not less than nine inches for a small room, or more than eleven inches for a large one. 5. The sides or coverings of the fireplace should incline to one another, as the sides of an equilateral triangle. 6. The lean-over at the back should be at an angle of 70°. 7. The shape of the grate should be based on a square described within an equilateral triangle, the size to vary in constant proportion to the side of the square. 8. The slits in the grating, or grid, should be narrow, perhaps a quarter of an inch for a sitting-room grate and good coal, and three-eighths of an inch for a kitchen grate and bad coal. When the slits are larger they allow cinders to fall through—in other words, waste. 9. The front bars should be vertical, that ashes may not lodge and look untidy, narrow (perhaps a quarter of an inch in thickness), so as not to obstruct heat, and close together (perhaps three-quarters of an inch apart), so as to prevent coal and cinders from falling on the hearth. 10. There should be a rim an inch or an inch and a half in depth round the lower insertion of the vertical bars. 11. The chamber under the fire should be closed by a shield or economiser. 12. Whenever a fireplace is constructed on these principles, it must be remembered that a greater body of heat is accumulated about the hearth than in ordinary fireplaces, and corresponding care taken by an ash-pan against heating wooden beams, etc. This ash-pan should have a double bottom, the space between the two plates being filled with artificial asbestos, slag-wood two inches in thickness. 13. A fireplace on this construction must not be put in a party wall where there is no projecting chimney-breast, lest the heated back should endanger woodwork in a room at the other side. The benefits aimed at by Mr. Teale are: 1. Economy of fuel. 2. Reduction of soot. 3. Reduction of ashpit refuse. Mr. Teale astonished his audience by showing two small glass bottles containing the small ash residue of the coal burnt in his fireplaces, which consisted not of cinders, but very fine powder. As to the saving of coal, the general manager of the Leeds Infirmary estimates that in that institution it amounts to a sixth or 100 tons in the year. We have only space left to say that from some observation of Mr. Teale's own fireplaces, and some experience of them, we believe he has got hold of the right principles and in a large measure of the details. He was careful with the true candor of a scientific man to show how curiously his discoveries were anticipated last century by that remarkable man Count Rumford, who did study medicine, but, unlike Syme and Teale, drifted into other pursuits and was lost to the medical art.—*Lancet*, February 13, 1886.

SANITARY INSPECTION IN CHICAGO.—On April 9 Chief Inspector Genung issued the following order to the City inspectors regarding the inspection of tenements, and house-to-house inspection of all the tenant or rental class of dwellings throughout the city:

"Every inspection must include not only a thorough examination of all the conditions within the houses, but also the condition of the privies, cesspools, yard-areas, and spaces under the buildings and sidewalks, in fact, every part of any premises where it is possible for any thing of an unsanitary character to exist. It is not enough that you simply point out these unhealthful conditions, but you must also cause them to be remedied at the earliest possible moment that the law will permit, as in the prompt application of these remedies lies the whole value of your labors. Your work for the last year exceeded the previous one, as did all its predecessors; therefore, the present year should be no exception to the past, and must surpass all others in quantity and quality of work performed. This can be readily accomplished if each inspector will do his full duty, as nearly all of you are well acquainted with all its requirements. Neglect of duty

and incompetency will not be tolerated, and while task-work is not demanded, yet, a reasonable amount of efficient work will be required from each of you. It is wholly unnecessary to talk further upon this subject, as each of you knows precisely what your duties are, which, if well performed, will give us the best record in this kind of work on this continent."—*Sanitary News*, April 17, 1886.

THE ASSOCIATION OF SURGEONS OF THE PENNSYLVANIA COMPANY will hold its seventh annual meeting in Mansfield, Ohio, on Tuesday, May 18, 1886, commencing at 8:30 A.M., standard time. Several interesting papers are announced.

THE SANITARY CONVENTION, announced last week as a "National Sanitary Convention," to be held in Philadelphia in May, will be held under the auspices of the Pennsylvania State Board of Health; and the word *National* was inadvertently printed on the circular.

ALUM IN BAKING POWDERS.—In the official report of the Minnesota State board of health, for March, 1886, is a report by Professor J. A. Dodge, of the University of Minnesota, of the analysis of seven samples of baking powder, the computation being made to anhydrous or "burnt" alum, without the water of crystallization. Of the seven samples all contained alum, the amount ranging from 33 to 65 per cent. Several analyses of "Snow Flake" and "Royal" baking powders have shown them to be entirely free from alum. Prof. J. S. Wood (Sixth Report Mass. State Board of Health) says: "The competition existing among manufactures of the better brands of baking powders, insures purity to a considerable extent; but the numerous cheap articles, the sale of which is promoted by the presentation of cups and saucers, tin spoons and other table ware; chromos, etc., are always suspicious and should be avoided on general principles. The cheaper baking powders are more likely to contain alum than cream of tartar. The latter substance is acid salt, which is most commonly used in the manufacture of the better brands. The alum powders are condemned as unwholesome since the weight of evidence on the subject is to the effect that alum is not a proper substance to be used in baking bread."

PROFESSOR E. G. JANEWAY has been appointed to the Chair occupied by the late Dr. Flint. No more fitting appointment could have been made. He will prove a most able successor to an extraordinarily able teacher.

M. CHEVREUL, "Doyen des Etudiants," the illustrious chemist and Academician, and the various learned societies of France propose to have a public demonstration in honor of the event.

MORE PATIENTS FOR PASTEUR.—The towns of Pullman and Kensington have sent three or four patients to Pasteur for prophylactic treatment against hydrophobia. It was not entirely certain that the dog which bit the persons was mad, and all inquiries as to to the madness have been cut short by the shooting of the dog.

PROFESSOR OLLIER.—A cable report announces the death of Professor Ollier, the distinguished surgeon, of Lyons. The name is incorrectly spelled in the report, and it is sincerely to be hoped that the report is untrue.

THE HYDROPHOBIA COMMISSION. — Sir James Paget, Drs. Burdon Sanderson and T. Lauder Brunton, and Sir Henry Roscoe, M. P., will serve on the committee to inquire into Pasteur's method of innoculation for hydrophobia.

THE Academy of Medicine of Rome will send a delegate to Paris, to study Pasteur's method, of innoculation, and it is said that the German Government will send Drs. Koch and Virchow for the same purpose. Archduke Charles Theodore, of Bavaria, a practising physician, will also go to Paris, to study Pasteur's method.

DR. EDWARD FOURNIÉ, the distinguished laryngologist and aurist, and for a long time Director of the National Asylum for the Deaf and Dumb of France, and Editor of the *Revue Médicale*, died on March 24, aged fifty-three years.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 17, 1886, TO APRIL 23, 1886.

Major M. K. Taylor, Surgeon, granted one month's leave of absence, on surgeon's certificate of disability, with permission to leave the limits of the Department. (S. O. 39, Dept. Mo., April 16, 1886.)

Capt. Wm. W. Gray, Asst. Surgeon, ordered to Ft. Maginnis, M. T.

Capt. Ezra Woodruff, Asst. Surgeon, ordered to Ft. Missoula, M. T.

First Lieut. Reuben L. Robertson, Asst. Surgeon, ordered for temporary duty at Ft. Snelling, Minn. (S. O. 33, Dept. East, April 15, 1886.)

First Lieut. Philip G. Wales, Asst. Surgeon, granted leave of absence for one month. (S. O. 56, Dept. Columbia, April 8, 1886.)

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING APRIL 24, 1886.

Lovering, P. A., Past Asst. Surgeon, ordered to Navy Yard, New York.

Biddle, Clement, P. A. Surgeon, detached from "Monocacy," ordered home and wait orders.

Ames, H. E., P. A. Surgeon, detached from Navy Yard, New York, and ordered to "Monocacy."

Crawford, M. H., P. A. Surgeon, ordered to Naval Hospital at Washington.

Hord, W. T., Medical Director, U. S. N., and Medical Inspector J. C. Spear, U. S, N., delegates to the meeting of the American Medical Association to be held at St. Louis on May 5, 1886.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDED APRIL 24, 1886.

Long, W. H., Surgeon, granted leave of absence for seven days. April 24, 1886.

Banks, C. E., Passed Asst. Surgeon, granted leave of absence for ten days. April 20, 1886.

Armstrong, S. T., Passed Asst. Surgeon, granted leave of absence for five days. April 20, 1886.